



## NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS A PATIENT OF THE WESTCHESTER MEDICAL GROUP AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice, please contact Privacy Officer, The Westchester Medical Group, 210 Westchester Avenue, White Plains, New York 10604, 914-681-5291 or by e-mail at [privacyofficer@westchestermed.com](mailto:privacyofficer@westchestermed.com).

### OUR COMMITMENT TO YOUR PRIVACY

Our practice is committed to protecting the privacy of your medical information. In conducting our business, we will create records about you and the treatment and services we provide to you. These records are our property. However, we are required by law:

To maintain the confidentiality of your medical information.  
To provide you with this notice of our legal duties and privacy practices concerning your medical information.  
To follow the terms of our notice of privacy practices in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your medical information.
- Your privacy rights in regard to your medical information.
- Our obligations concerning the use and disclosure of your medical information.

### CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. Our practice will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any visit to our offices or you may obtain a copy by accessing our website at [www.westchestermed.com](http://www.westchestermed.com).

#### **A. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories. Please note that state law may further restrict how we use or disclose in certain situations medical information relating to HIV and AIDS, genetic testing, and substance abuse or mental health issues.

**Treatment.** Our practice may use and disclose your medical information to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose your medical information when you need a prescription, lab work, an x-ray or health care services. In addition, we may use and disclose medical information when we refer you to another health care provider.

**Payment.** Our practice may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. This may include reviewing services provided for medical necessity and/or undertaking utilization review activities. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items.

**Health Care Operations.** Our practice may use and disclose your medical information to operate our business. These uses and

disclosures are important to ensure that you receive quality care and that our practice is well run. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your medical information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. Further, we may disclose your information to doctors, nurses, medical students, and other personnel for review and learning purposes.

**Sign in Sheets-** Our practice may use a sign-in sheet at the registration desk where you will be asked to sign your name. Your name will be called in the waiting room when it is time for your provider to see you.

**Incidental Disclosures-** While we will take reasonable steps to safeguard the privacy of your medical information, certain disclosures of your medical information may occur during or as unavoidable result of our otherwise permissible uses and disclosures of your health information. For example, during the course of your visit, other patients may see, or overhear discussions of your medical information.

**Business Associate-** We may disclose your medical information to contractors, agents and other business associates who need the information in order to assist us in obtaining payment or carrying out our business operations. For example, we may share your medical information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your medical information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your medical information to a business associate, we will have a written contract to ensure that our business associates also protect the privacy of your medical information.

**Appointment and Account Balance Reminders.** Our practice may use and disclose your medical information to remind you that you have an appointment or a balance on your account. This may occur by phone, letter or automated telephone system.

**Treatment Alternatives/Health-Related Benefits and Services.** Our practice may use and disclose your medical information to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

**Release of Information to Family/Friends.** If you do not object, our practice may release your medical information to a friend or family member who is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a family member go to the pharmacy and pick up a prescription. In this example, the family member may have access to another family member's medical information.

**Marketing.** We may use your medical information to make a marketing communication to you that (i) occurs in a face-to-face encounter with you; (ii) concerns products or services of nominal value; or (iii) concerns our health-related products or services, or those of another party, provided that we tell you that we are the party communicating with you, and that we tell you if we have received, or will receive, directly or indirectly, any money or other remuneration for making the communication to you. If you do not want to receive marketing communications (other than those that are in a newsletter or other general communication device), please contact the Privacy Officer, The Westchester Medical Group, 210 Westchester Avenue, White Plains, New York 10604, [privacyofficer@westchestermed.com](mailto:privacyofficer@westchestermed.com).

In addition, if we ever use or disclose your medical information to communicate with you based on your particular health status or condition, we will explain to you why you received the communication, and how the product or service relates to your health.

**Required by Law.** Our practice will use or disclose medical information about you when required by federal, state or local law.

**Public Health Activities.** Our practice may disclose your medical information for public health activities, including generally:

- to prevent or control disease, injury or disability;
- to maintain vital records, such as births and deaths;
- to report child abuse or neglect;
- to notify a person regarding potential exposure to a communicable disease;
- to notify a person regarding a potential risk for spreading or contracting a disease or condition;
- to report reactions to drugs or problems with products or devices;
- to notify individuals if a product or device they may be using has been recalled;
- to notify appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and
- to notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

**Abuse, Neglect, and Domestic Violence.** We may disclose your medical information to a government authority if we believe you are a victim of abuse, neglect, or domestic violence. If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or, if we were to inform your personal representative, is otherwise not in your best interest. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

**Health Oversight Activities.** Our practice may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions;

civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

**Lawsuits and Similar Proceedings.** Our practice may use and disclose your medical information in response to a court order or subpoena, if you are involved in a lawsuit or similar proceeding.

**Law Enforcement.** We may release medical information for law enforcement purposes.

**Coroners, Medical Examiners, and Funeral Directors.** Our practice may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** We may use or disclose your medical information to organizations that handle organ and tissue procurement, banking, or transplantation.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, in order to balance research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, so long as the medical information they review does not leave our premises.

**Serious Threats to Health or Safety.** Our practice may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or practice able to help prevent the threat, for example, to the Food and Drug Administration or law enforcement officer if you participated in a violent crime that might have caused serious physical harm to another person.

**Specialized Government Functions.** Our practice may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, our practice may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Furthermore, our practice may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide health care services to you, (ii) for the safety and security of the institution, and/or (iii) to protect your health and safety or the health and safety of other individuals.

**Workers' Compensation.** Our practice may release your medical information for workers' compensation and similar programs.

## **B. OTHER LIMITATIONS**

In accordance with state law, we will further limit the disclosures to third parties of any information concerning HIV-related testing or status, genetic testing, and certain substance abuse or dependence treatment.

## **C. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding the medical information that we maintain about you:

**Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat to you. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to the Privacy Officer, 210 Westchester Ave., White Plains, New York 10604, or by email [privacyofficer@westchestermed.com](mailto:privacyofficer@westchestermed.com). Your request must describe in a clear and concise fashion: (i) the information you wish restricted; (ii) whether you are requesting to limit our practice's use, disclosure or both; and (iii) to whom you want the limits to apply.

**Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home, rather than work. You do not need to give a reason for your request.

In order to request a type of confidential communication, you must make a written request to the Privacy Officer, 210 Westchester Avenue, White Plains, New York 10604, or by email at [privacyofficer@westchestermed.com](mailto:privacyofficer@westchestermed.com). Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location. Our practice will accommodate reasonable requests.

**Inspection and Copies.** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Supervisor of Health Information Management, 210 Westchester Avenue, White Plains, New York 10604, or by email [privacyofficer@westchestermed.com](mailto:privacyofficer@westchestermed.com), in order to inspect and/or obtain a copy of your medical information. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by another licensed health care professional chosen by us.

**Amendment.** You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, 210 Westchester Avenue, White Plains, New York 10604, or by email at [privacyofficer@westchestermed.com](mailto:privacyofficer@westchestermed.com). You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:

- accurate and complete
- not part of the medical information kept by or for the practice
- not part of the medical information which you would be permitted to inspect and copy; or
- not created by our practice, unless the individual or entity that created the information is not available to amend the information.

A written statement of your challenge to the accuracy of the information in the record will become a permanent part of your record with our practice and will be released with the record.

**Accounting of Disclosures.** You have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain disclosures our practice has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, 210 Westchester Avenue, White Plains, New York 10604, or by email [privacyofficer@westchestermed.com](mailto:privacyofficer@westchestermed.com). All requests for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

We are not required to include disclosures:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Requested by you, that you authorized, or which are made to individuals involved in your care
- Allowed by law

**Right to a Paper Copy of This Notice.** If you received this notice in electronic form (e.g., e-mail), you are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Privacy Officer, 914-681-5291.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.

To file a complaint with our practice, contact the Privacy Officer, The Westchester Medical Group, 210 Westchester Avenue, White Plains, New York 10604, 914-681-5291 or by e-mail at [privacyofficer@westchestermed.com](mailto:privacyofficer@westchestermed.com). You will not be penalized or retaliated against for filing a complaint.

**Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.



## Notice of Privacy Practice

### ACKNOWLEDGEMENT AND CONSENT

By signing below, I acknowledge that I have received a copy of this Notice Of Privacy Practices. I also consent to the use and disclosure of my medical information to treat me and arrange for my medical care, to seek and receive payment for the services given to me, and for the business operations of The Westchester Medical Group and its staff.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

\_\_\_\_\_  
Office Use Only

An attempt was made to obtain written acknowledgement of receipt of The Westchester Medical Group Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented obtaining the acknowledgment

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Westchester Medical Group Representative-Signature

Westchester Medical Group Representative-Print Name