

NOTICE OF PRIVACY PRACTICES – GREENWICH VILLAGE GYN, P. C.

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your medical information.

We realize that these laws are complicated, but we must provide you with following important information:

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

The terms of this notice apply to all records containing your medical information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Our practice will post a copy of our current Notice in our office at a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT the Office Manager at 212.206.1610

C. WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION IN THE FOLLOWING WAYS:

Treatment: We are permitted to use and disclose your medical information to those involved in your treatment. For example, when we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment: We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer. The form will contain medical information, such as a description of a medical service provided to you, which your insurer needs to approve payment to us.

Health Care Operations: We are permitted to use and disclose your medical information for the purposes of health care operations, which are activities that support this practice and help provide the delivery of quality care. For example, we may engage services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.

Disclosures That Can Be Made Without Your Authorization: There are situations in which we are permitted by law to disclose your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing your medical information. If you choose to sign an authorization to disclose information, you can later revoke that information, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses that already made or taken in reliance on that authorization.

Public Health, Abuse or Neglect, and Health Oversight: We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection by a public health authority of information about disease and/or vital statistics (like births and death). We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Regulations also permit the disclosure to report abuse or neglect of elders or the disabled. We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement: We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or the other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that information:

- Is released pursuant to legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement;
- Is released because of a crime that has occurred on these premises;
- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Workers' Compensation: We may disclose your medical information as required by New York workers' compensation law.

Inmates: We may release 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: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Military, National Security: We 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 authorities. We may release your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

D. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

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 at home, rather than work. In order to request a type of confidential communications, you must make a written request to the practice address. Specify the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your information for treatment, payment or health care operations. Additionally, you have a right to request that we restrict our disclosure of your medical information to only certain 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 you. In order to request a restriction you must make your request in writing to the office address. Your request must describe in a clear and concise fashion the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.

Inspection and Copies. You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing in order to inspect and/or obtain a copy of your medical information. Our practice may charge you 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 review of your denial. Another licensed healthcare professional chosen by us will conduct the review.

Amendment. You may request in writing an amendment of your medical information in the designated record set if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request for amendment. We may refuse to allow an amendment if the information (a) wasn't created by this practice or the physicians here in this practice; (b) is not a part of the Designated Record Set; (c) is not available for inspection because of an appropriate denial; (d) if the information is accurate and complete. Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record.

Accounting of Disclosures. The HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via authorization signed by you or your representative. Please submit any request for an accounting in writing to the office address. All requests must state a time period, which may not be longer than six (6) years from the date of disclosure, 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. If there is a charge we will notify you and you may choose to withdraw or modify your request before any costs are incurred.

Appointment Reminders, Treatment Alternatives. We may contact you by telephone, mail or both to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Right to a Paper Copy of this Notice. 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.

Right to File 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 complain to our practice, contact in writing:

Greenwich Village GYN, P.C., ATTN: Office Manager, 314 West 14th Street, 4th Floor, New York, NY 10014

All complaints must be submitted in writing. You will not be penalized for filling a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. We will obtain your written authorization for uses and disclosures that are not identified by this notice or 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. Please note, we are required to retain records of your care. If you have any questions regarding this notice or our health information privacy policies, please contact the Office Manager at 212.206.1610