

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Uses and Disclosures: We will Use and Disclose elements of your Protected Health Information (PHI) in the following ways:

Without your signed authorization

- **Treatment:** We will disclose your Protected Health Information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. For example, we would disclose your Protected Health Information, as necessary, to your referring physician or other physicians involved in your care and treatment to ensure that the physician has the necessary information to diagnose or treat you. In addition, your PHI is available to all providers of the PBMC Medical Group as necessary to coordinate your care across the PBMC Enterprise.
- **Payment:** Your Protected Health Information will be used, as necessary, for reimbursement purposes, confirming insurance coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company or obtaining approval for testing from your insurance company may require that your relevant Protected Health Information be disclosed to the health plan to obtain the approval for procedures or diagnostic testing.
- **Healthcare Operations:** We may Use or Disclose, as needed, your Protected Health Information in order to support the business activities of our organization. These activities include, but are not limited to contacting you to remind you of an appointment, quality assessment reviews, employee review activities, training of clinical and clerical staff, licensing and accreditation boards, conducting or arranging for other business activities. In addition, we may use sign-in sheets at the registration desk where you will be asked to sign your name. We may call you by name in the waiting room when the physician or other healthcare provider is ready to see you.
- **When release is required by law, including in judicial settings, health oversight regulatory agencies, public health issues as required by law, Communicable Diseases, Abuse, Neglect, FDA, medical examiners, funeral directors, organ and tissue donation organizations, legal proceedings, criminal activity, military activity, national security, Worker's Compensation, No-Fault.** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the federal privacy regulation, and law enforcement.
- **In emergency situations or to avert serious health/safety situations.**
- **To the sponsor of your health plan**
- **Incidental uses and disclosures of protected health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.**

Note: Disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information as well as any other disclosure not already described in this notice will only be made with your authorization. You have the right to revoke that authorization at any time, provided the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

Note: HIV related information, genetic information, alcohol and/or substance abuse records, mental health records, and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

Your rights: You have the following rights concerning your PHI:

You have the right to inspect and copy your Protected Health Information. In order to inspect or copy your protected health information, you must submit your request in writing to our facility. If you request a copy, we may charge you a fee for the costs of copying and mailing records to you, as well as other costs associated with your request. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information.

You have the right to request a restriction of your Protected Health Information. This means you may ask us, in writing, not to Use or Disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply. To request a restriction, you must make your request in writing to PBMC Medical Group at 185 Old Country Road, Suite 2, Riverhead, New York 11901 attention Privacy Officer. (631) 298-4479.

We are not required to agree to a restriction that you may request, unless under the HITECH Act the requested restriction relates to disclosures to a health plan and the Protected Health Information relates to a health care service or item which you have paid for in full and out of pocket.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

You may have the right to request an amendment to your Protected Health Information. We may deny your request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a response to you. In the event an amendment is made to your record, such amendment will be included as an addition to, and not a replacement of, already existing records. You must submit your request for amendment in writing to PBMC Medical Group at 185 Old Country Road, Suite 2, Riverhead, NY 11901 Attn Privacy Officer with a description of your reason for the request.

You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information. Submit your written request to PBMC Medical Group 185 Old Country Road, Suite 2, Riverhead, NY 11901 Attn Privacy Officer. Your request must state the specific time period for the accounting. The first accounting request within a 12 month period will be free of charge. Subsequent requests may incur a charge. If there is a charge we will notify you in writing of the costs and you may choose to withdraw or modify your request before costs are incurred.

We are required to notify you if become aware of any breaches of your unsecured protected health information which is a requirement under the Privacy Rule.

We reserve the right to change the terms of this notice as amended by applicable law.

Complaints: You may complain to us or the U.S. Department of Health and Human Services if you feel your privacy rights have been violated. To register a complaint with us, contact our Privacy/Compliance Officer at 631-548-6000.

Our duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Privacy contact: for more information about our privacy practices, please contact:
The Privacy Officer at 631-548-6400.

Effective date: This revised notice was published and becomes effective on **February 9, 2015.**