

NOTICY OF PRIVACY PRACTICES
ISLAND NEUROLOGICAL ASSOCIATES, P.C.

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.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. NYS law requires patient consent for release of information and we will require your consent for release of information for Treatment, Payment and Operations except as authorized or required by law.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination, writing prescriptions and lab tests. Many of the people who work for our practice – including, but limited to, our doctors and staff – may use or disclose your health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your health information to others who may assist in your care, such as your spouse, children or parents.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment or alternatives or other health-related benefits and services that may be of interest to you, either by mail, phone or fax.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. The following categories describe unique scenarios in which we may use or disclose your health information:

1. **Public health Risks.** Our practice may disclose your health information to the public health authorities that are authorized by law.
2. **Health Oversight Activities.** Oversight activities can include, for example, investigations, inspections, audits, licensures and civil actions.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your health information in response to a court or administrative order (subpoena).

- 4. Law Enforcement.** We may release your health information if asked to do so by a law enforcement official.
- 5. Research.** Our practice may use and disclose your health information for research purposes in certain limited circumstances.
- 6. Serious Threats to Health or Safety.** Our practice may use and disclose your health 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.
- 7. Military.** Our practice may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- 8. National Security.** Our practice may disclose your health information to federal officials for intelligence and national security activities authorized by law.
- 9. Workers Compensation.** We may release for workers' compensation and similar programs.
- 10. Inmates.** We may release information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.
- The right to file a complaint.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of **April 14, 2003** and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Island Neurological Associates
824 Old Country Road
Plainview, New York 11803

Barbara Turner, Privacy Officer
516-822-2230 ext. 121
Rosalie Mulay, Office Manager
516-822-2230 ext. 105

For more information about HIPAA, or to file a complaint

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-202-619-0257
Toll Free: 1-877-696-6775

March 14, 2003