

## NOTICE OF PRIVACY PRACTICES

Long Island Surgery, P.C.  
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**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.**

### Introduction

Long Island Surgery, P.C. understands and respects that your medical information is confidential. We are required by law to protect the privacy and security of your protected health information under the Health Insurance Portability and Accessibility Act of 1996 (HIPAA) and its subsequent updates. We are also required by law to provide you with this notice of our legal duties and privacy practices and to abide by the terms of the notice currently in effect, and to notify you in the event of a breach of your protected health information.

Protected health information is any personally identifying information relating to your past, present, or future health care, including treatment and payment information.

This notice explains our legal duties and your rights regarding your protected health information. It also explains the ways we will use and disclose your protected health information. It provides examples of each way we may use your protected health information, however, these examples are not meant to be a complete list. If you have any questions regarding this notice, please contact our Privacy and Security Officer (“PSO”), Margaret Martelack, at (631) 289-4700.

### Permitted Uses and Disclosures

We are permitted by law to use your protected health information for the purposes of treatment, payment and health care operations.

- 1. Treatment.** We use your protected health information to provide, manage, organize and coordinate your health care and related services. This may include providing our employees and workforce members with your information, as well as other physicians and health care providers or facilities involved with your care.  
*Example:* The surgical coordinator will access your information to schedule a procedure and provide this information to the hospital or treatment center.
- 2. Payment.** We use your protected health information to obtain payment for the services we provide, including billing, collections, determination of eligibility and coverage, claims management and utilization review.  
*Example:* Our billing department or coordinator may contact your insurance provider with information about your condition, diagnosis, or status to obtain preauthorization for treatment or to determine if a proposed course of treatment will be paid for.
- 3. Health Care Operations.** We may use your protected health information for the operation and management of this medical practice. We may share your information with other health care providers,

healthcare clearinghouses or health plans that have a relationship with you for their health care operations activities. We may also share your information with our contracted business associates, who are also required to follow HIPAA privacy and security requirements.

*Example:* We may use your protected health information during an audit of our medical staff, quality assessment and/or protocols.

### **Other Uses and Disclosures**

We are permitted to use and disclose your protected health information in additional ways.

1. **Appointment Reminders.** We may use and disclose your protected health information contact you to remind you of upcoming appointments or to remind you that you are due for an appointment. We may leave a message containing this information on your answering machine or voice mail or with the person who answers the phone. We may also contact you via U.S. postal mail for this purpose.
2. **Treatment Alternatives and Other Services.** We may use and disclose your protected health information to contact you about treatment alternatives or health related services that may be of benefit to you. We do not receive compensation for these recommendations.
3. **Research.** We may use your protected health information for research, under certain circumstances, after review by an institutional or privacy board and as allowed by applicable law.
4. **Fundraising.** We may use your protected health information to contact you for fundraising purposes. You have the right to request that we do not contact you for fundraising purposes.
5. **Communications with Family, Friends and Personal Representatives.** We may disclose your protected health information to family, close friend(s), or your personal representative(s) when it is relevant to their role in your care or payment for your care. We may also disclose your protected health information to notify (includes identifying or locating), or assist in notifying, them of your location, general condition, or death. We may also disclose your protected health information to these individuals if you are present with either your consent or your implied consent. We may also disclose your information to these individuals when you are not present, or you are incapacitated and unable to provide consent, or unable to provide consent due to an emergency if we believe it is in your best interest or consistent with your wishes. We may also disclose your protected health information to these individuals after your death, if such information is relevant to their involvement in your care or payment for your care. You may object to these types of disclosures at any time, either orally or in writing.
6. **Disaster Relief.** We may use or disclose your protected health information to aid a public or private entity authorized by law or charter to assist in disaster relief efforts. You may object to such disclosures at any time, either orally or in writing.

Please note that certain types of information, including information relating to HIV/AIDS status, genetic testing, mental health, and drug or alcohol rehabilitation information may be subject to additional privacy protection under state law.

### **Special Situations**

In certain special situations, we are permitted to use and disclose your protected health information.

1. **As Required by Law.** We may use and disclose your protected health information as required by law.
2. **Public Health Activities.** We may use and disclose your protected health information for various legally authorized public health activities. For example, these types of uses and disclosures may be made for the purposes of preventing or controlling disease, injury or disability, for the maintenance of vital records, for the investigation of child abuse or neglect, for the reporting of adverse events or product defects to the Food and Drug Administration, to inform a person exposed to a communicable disease, to an employer under certain work-related circumstances, or to a school in certain circumstances.

3. **Victims of Abuse, Neglect or Domestic Violence.** If we have reason to believe that an adult patient is the victim of abuse or neglect, we may disclose your protected health information when required by law. We may also disclose this information if you agree to the disclosure. In certain instances, we may also disclose this information without your consent if we have reason to believe you or someone else is at risk of serious harm, or if you are incapacitated and unable to consent. We will inform you of these types of disclosures, unless we believe that informing you may put you at risk of serious harm or if your personal representative would be receiving the notification and we believe that he/she is responsible for the abuse or neglect, and that such a disclosure would not be in your best interest.
4. **Health Oversight Activities.** We may use and disclose your protected health information to health oversight agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings.
5. **Judicial and Administrative Proceedings.** We may use and disclose your protected health information in response to a court or administrative order, or in response to a subpoena or other lawful process.
6. **Criminal Activity.** We may use and disclose your protected health information to law enforcement as required by law. We may also disclose your protected health information to law enforcement for other reasons, including for the identification or location of certain persons, with respect to the victim of a crime or to the investigation of a suspicious death, or in the event of a crime occurring on our premises or in a certain emergencies.
7. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your protected health information to a coroner or medical examiner for the purposes of identification, determination of cause of death or other duties authorized by law. We may disclose your protected health information to a funeral director as necessary to carry out their duties, with respect to applicable law.
8. **Organ/Tissue Donation.** We may disclose your protected health information to organizations that handle organ/tissue procurement or other activities related to organ/tissue donation, including banking, transplantation or donation facilitation.
9. **Serious Threat to Health or Safety.** We may use or disclose your protected health information to prevent or mitigate a serious and imminent threat to health or safety of an individual or to the public.
10. **Military.** If you are a member of the Armed Forces, we may use and disclose your protected health information as required by military command. If you are a member of a foreign military, we may use and disclose your protected health information to the appropriate foreign military command.
11. **Correctional Institutions or Individuals in Custody.** We may use or disclose your protected health information to a correctional institution or law enforcement official if you are in custody and the information is necessary to provide you with appropriate care or protect your health and safety, or to protect the health and safety of other inmates, employees or officers.
12. **Workers' Compensation.** We may use and disclose your protected health information when necessary to comply with laws relating to workplace injury or illness. For example, this may include disclosures to your employer or your employer's insurance carrier or mandatory reporting to state or federal agencies.

#### **Uses Requiring Your Authorization**

The following uses and disclosures require your written authorization. You may revoke your authorization at any time by submitting a written revocation to our PSO. Any disclosures made prior to your written revocation will not be affected.

1. **Marketing Purposes.** We will not use your health information for marketing communications without your written authorization. We will always disclose if we have been compensated for any marketing communication you receive.

2. ***Sale of Protected Health Information.*** We will not sell your health information without your written authorization.
3. ***Most Psychotherapy Notes.*** Most disclosures of psychotherapy notes require your written authorization.
4. ***Other Uses.*** Uses and disclosures of your protected health information that are not included in this notice require your written authorization.

### **Your Rights**

1. ***Inspect and Copy of Your Medical Record.***
  - a. You have the right to see and review your medical record. All requests should be made in writing. We generally must respond to your request within 10 days of your request.
  - b. You also have the right to request either a copy of or summary of your medical record. All requests should be made in writing. We generally must respond to your request within 30 days of your request.
    - i. We are not required to honor your request for a summary of your medical record, and instead may provide the full medical record.
    - ii. We are permitted to charge a reasonable, cost-based fee of \$0.75/page for copies.
  - c. If we deny your request for access or copies for any of the reasons permitted by law, we will inform you in writing. You have the right to request a review of a denial.
2. ***Electronic Copy of your Medical Record.*** You have the right to request an electronic copy of your medical record. All requests should be made in writing.
  - a. We will make all reasonable efforts to provide your records in the format you request. If we are unable to provide your records in the format you request, you will have the opportunity to request an alternate format, or be provided with a paper copy of your record.
  - b. We have the right to charge you for the cost of the media used (for example, a CD or USB drive) to provide your records.
  - c. If we deny your request for any of the reasons permitted by law, we will inform you in writing. You have the right to request a review of a denial.
3. ***Amendments to Record.*** You have the right to request your record be amended or corrected. All requests should be made in writing. We will inform you in writing if we accept or deny your request. If your request is denied, you have the right to add a written statement explaining why you disagree to your medical record.
4. ***Request Restrictions.***
  - a. You have the right to request additional restrictions on certain uses and disclosures of your health information, by written request, detailing the information you want to limit and what limitations you have imposed. We reserve the right to accept or deny your request, and will notify you in writing of our decision.
  - b. Self-Pay/Out-of-Pocket Payments: You have the right to request that we do not disclose information to your health insurer for health care items or services for which you pay in full out-of-pocket. We will comply with your request unless we must disclose the information for treatment or legal reasons.
5. ***Confidential Communications.*** You have the right to request to receive your health information in a specific way or at a specific location. For example, you may ask us to only contact you on a specific phone number or send mail to an address other than your residence. Requests must be submitted in writing, and we will comply with all reasonable requests.
6. ***Accounting of Disclosures.*** You have the right to request an accounting of disclosures of your protected health information within the prior six years of the request.

- a. The following disclosures are not included in an accounting: those made to you, those made under your authorization, those made for treatment, payment or health care operations, incidental disclosures, disclosures for a directory or notification to/communication with family or other persons involved with your care, those made for national security or intelligence purposes, some made to correctional institutions or law enforcement, those made as part of a limited data set, or those made prior to the compliance date of this facility.
  - b. Your request must be in writing, and include the time period for which you are making the request.
  - c. We generally must respond to your request within 60 days of the request.
  - d. The first request made within a 12-month period will be provided at no cost. Any subsequent requests within a 12-month period will be subject to a reasonable, cost-based fee.
7. **Notice of Breach.** You have the right to receive notification in the event of a breach of your unsecured protected health information.
8. **Copy of Notice.** You have the right to request a copy of this notice at any time. If you have previously requested a copy via e-mail, you may request a paper copy at any time.

#### **Changes to This Notice**

Long Island Surgery reserves the right to change the terms of this notice at any time. Any changes to this notice will apply to all protected health information maintained by the practice, including past information. We will post a copy of the updated notice in our offices, on our website, and it will always be available upon request.

#### **Complaints**

If you believe your privacy rights may have been violated, you may file a complaint with our Privacy and Security Officer, Margaret Martelack, at (631) 289-4700, or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for making a complaint.