

Privacy Policy

Notice of Privacy Practices of Stat Health, Smithtown, NY, 11787 As of April 13, 2004

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.

Federal Regulations implemented by the federal government under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are in effect as of April 14, 2003. These regulations require our office to provide you with a privacy notice. This notice describes how your personal medical information may be used and/or disclosed by Stat Health to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes how you can obtain access and control of this information. These regulations also require our office to obtain your acknowledgement of receipt of this notice. Please take this privacy notice home with you for your records. If you have any questions, please feel free to ask our staff. Protected Health Information (PHI) means any patient information relating to treatment, diagnosis, or payment that identifies a person.

Uses and Disclosures of Protected Health Information

We use PHI when we, within our organization, share, examine, or analyze a patient's medical information. We disclose PHI when we release, transfer, or give access to PHI to other external persons or facilities. Except for the following circumstances we will not release your PHI without your written authorization. The law permits us to use and/or disclose your protected health information for:

- **Treatment**

We will use and/or disclose your PHI to provide medical services, coordinate medical care, and or help manage your health care and other medical services. For example, while as a patient at Stat Health, one Stat Health physician may discuss your PHI with another Stat Health physician to better coordinate your medical treatment. We may also disclose PHI to external persons or facilities that will be involved in your medical care. For example, your primary care physician may need to be informed of aspects of the treatment you received here so that appropriate follow-up care is provided for you.

- **Payment**

Your PHI will be used and/or disclosed, as needed, to help obtain payment for your services. These uses/and or disclosures are often required to obtain payment from third parties (your health insurance plan). For example, your PHI may be released to your health insurance plan to determine which services you received in order to secure payment for these services. Many services require pre authorization and your PHI may be disclosed to obtain insurance authorization for such services before they are rendered.

- **Health Care Operations**

Your PHI may be used and/or disclosed, as needed, to aid us in the everyday administration of Stat Health. We want to provide you and your family with the best quality of care. In order to help us do so, we may use your PHI for quality control reviews, internal investigations, performance reviews, training of new employees, and for other health care related activities. We may also use and or disclose your PHI to provide information to you. For example, Appointment Notices: We may use and or disclose your PHI to contact you with external appointment information. Continuation of Treatment: We may use and or disclose your PHI to ensure continuation of care by checking on your progress or notifying you of received test results. Treatment Options: We may use or disclose your PHI to inform you of various treatment options/programs that may be of benefit to your care. Medical Benefit Services: We may use or disclose your PHI to inform you of various medical benefit services in the community that may be of use to you, for example, medical educational classes, health promotion services, and or insurance benefit programs for which you may be eligible.

Other Permitted/Required Uses and Disclosures

We may use and or disclose your PHI to the appropriate authorities in the following situations without your authorization

- Requirements of federal, state and/or local law.
- Public Safety Issues that require notification to the proper public health authorities.
- Issues of National Security or Military Activity.
- Health Oversight Agencies.
- Court Ordered Legal Proceedings.
- Law Enforcement.
- Correctional Institutions at which a patient may be an inmate.
- Approved Research Projects.
- Coroners, Organ Donations Services, and Funeral Directors.
- The Workers' Compensation Division.
- Change in Ownership of Stat Health.
- The Food and Drug Administration.

For example, your PHI may be used and/or disclosed for reporting of child abuse or neglect, reporting domestic violence, reporting

criminal activity, reporting communicable diseases, medical conditions that would give you eligibility for federal programs such as veteran's benefits or worker's compensation, etc.

Permitted Uses and Disclosures That May be Made With Your Authorization and Opportunity to Object.

We may use and or disclose your PHI to the appropriate authorities in certain situations. You have the opportunity to consent or object to the use and or disclosure of all or part of your PHI in the following situations:

- **Emergencies**

If an emergent situation exists where it is impossible to obtain your consent for PHI uses and or disclosures, we will make every effort to obtain consent once the emergent situation is resolved.

- **Marketing**

We will not use and or disclose your PHI to any outside marketing agencies without your written consent.

- **Center Directories**

Center Directories are used in larger facilities to keep others informed of where patients are. Stat Health does not at this time use a center directory. If we would choose to do so in the future, you will be given the opportunity to consent or object to having your PHI on a directory. We do utilize a sign in sheet to help office staff determine who is to be seen and in what order they will be seen. Once your information is retrieved by our staff, your PHI will be removed from the sign in sheet. If you object to leaving your PHI on the sign in form, please inform the staff.

- **Other Persons Involved in Your Care**

We may disclose your PHI to notify a family member or another responsible person of your care or condition. You will be given the opportunity to agree or object to the disclosure of this PHI before we will communicate with other persons involved in your care.

Your Rights Regarding Your PHI

You have the right to inspect and obtain a copy of your PHI in your designated record set. This designated record set is any records that Stat Health may have about you used for making medical treatment decisions. Under federal law, you may not inspect or copy of psychotherapy notes, information being used in anticipation of legal proceedings, and PHI that is otherwise prohibited. To obtain a copy of your medical records, please contact our office manager at:

Stat Health
Attention Office Manager
519 West Jericho Turnpike
Smithtown, NY11787

You have the right to request restrictions be placed on certain uses and or disclosures of your PHI. You may ask us not to use and or disclose part of your PHI for treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to any of your family members. You must state the specific restriction request and to whom this restriction applies. Please submit these requests in writing to our office manager at:

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Attention Office Manager
519 West Jericho Turnpike
Smithtown, NY11787

Stat Health has the right not to agree with your request, if the physician determines it is in your best interest to allow use and or disclosure of your PHI.

You have the right to receive confidential communications from us by alternative means or at an alternative location. Please notify our staff in writing of the appropriate alternative means or location.

You have the right to request that your designated record set PHI be amended. Please submit a written request to our Office Manager. Your request will be reviewed by the medical staff. We will inform you of the medical staff's decision to honor or deny our request. If your request is denied, you have the right to file a disagreement statement. We will review your disagreement statement and respond in writing to your request.

You have a right to request a listing of certain disclosures Stat Health has made of your PHI. Please request an accounting list from our Office Manager.

You have a right to receive a copy of this Privacy Notice. Please request a copy of the Privacy Notice from our Office Manager.

We have the right to change the terms of this notice. We will inform you of any changes made to the Privacy Notice.

You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with our office manager at:

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or with the New York State Department of Health