

**JEFFREY AINSPAN, M.D. PC**  
**308A East 15 Street**  
**New York, N.Y. 10003**

***Notice of Privacy Practices***

Update Date: 01/17/14

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

The privacy of our medical information is important to us. You may be aware that U.S. Government regulators established a privacy rule ("HIPAA") governing protected health information ("PHI"). This notice tells you about how it may be used, and about certain rights that you have.

Ellie Ainspan is the Privacy Officer at our office. You can contact her at 212-505-5790 if you desire further information, or have any questions or concerns.

**Use and Disclosure of Protected Health Information**

Federal law provides that we may use and disclose your medical records (PHI) for treatment, payment and health care operation, without further specific notice to you, or written authorization by you.

Treatment means providing, coordinating or managing health care and related services by one of more healthcare providers. For example, if we refer you to a specialist, we may provide laboratory or test data to that specialist (subject to more stringent New York laws, such as restriction on disclosure of information concerning HIV/AIDS)).

Payment includes such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities and utilization review. (For example, when we submit a claim, we are required to provide your insurer with a diagnosis code for your visit and a description of the services rendered.)

Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis and customer service. (For example, our accountant or auditors may see your name, dates of treatment, and procedure codes during audits of our books. Additionally, we may use your information for quality assurance, risk reduction, and claim management purposes with our medical professional liability insurer.)

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

We may use or disclose your medical information, without further notice to you, or specific authorization by you, where:

1. Required by law;
2. Required for public health purposes;
3. Required by law to report child abuse;
4. Where required by a health oversight agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct
5. Required by law in judicial or administrative proceedings;
6. Required by law enforcement purposes by a law enforcement official;
7. Required by a coroner or medical examiner;
8. Permitted by law to a funeral director;
9. Permitted by law for organ donation purposes;
10. Permitted by law to avert a serious threat to health or safety;
11. Permitted by law and required by military authorities if you are a member of the armed forces of the United States.

Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

New York State law provides additional protection for information regarding HIV/AIDS. We will continue to follow New York State law with respect to such information.

We may contact you by home phone, cell phone, email or in writing, to remind you of appointments, to provide lab results, to provide information about treatment alternatives, or to obtain additional information to facilitate payment. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers these phones.

We may contact you by phone at your place of work, to remind you of appointments, to provide lab results, to provide information about treatment alternatives, or to obtain additional information to facilitate payment. Unless you instruct us otherwise, we may leave messages for you on any answering device at your place of work. If another person answers, we will leave a message for you to call the Practice. We will leave a message with another person who answers your phone only if it is regarding an appointment.

Other uses or disclosures of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give, except to the extent that we have already taken actions relying on your proper authorization.

### **Rights That You Have**

You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner, and to request restrictions on certain of the uses or disclosures described above. You may ask the Front Desk for a form to restrict protected health information. If you do not wish to use our form, your written 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. Except as stated below, we are not required to agree to such restrictions. 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.

You have the right to inspect and obtain copies of your medical information. A reasonable fee will be charged. You must submit your request in writing. Please ask the Front Desk for the form to Request to Inspect and Copy Protected Health Information. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. Ask the Front Desk for the form to Correct/Amend Protected Health Information. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have a right to restrict certain disclosures of PHI to a health plan if you have paid out of pocket, in full, for the health care item or service.

You have the right to request an accounting of any disclosures we make of your medical information, except for: disclosures we make to you, or to carry out treatment, payment or health care operations, or as requested by your written authorization, or as permitted or required under 45 CFR § 164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law. All requests for an "accounting of disclosures" 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. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

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. To obtain a paper copy of this notice, contact the practice's medical assistant / receptionist.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law (e.g. disclosure for life insurance). Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

### **Obligations That We Have**

We are required by law to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices.

If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice, and to make a new notice effective for all protected health information that we maintain. Any revised notice will be posted in our office, and copies will be available there.

If you want to complain about violations of your privacy rights by our office, you may file a complaint with us. Complaints should be directed to Ellie Ainspan, Privacy Officer, 308A East 15 Street, New York, N.Y. (Telephone 212-505-5790). You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights. No retaliatory action will be taken against you for any complaint you may make.