

# VANDANA KUMRA, MD, FACS

234 CENTRAL PARK WEST NY, NY 100024

TEL: 212.580.1483 | FAX: 212.580.1486

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## 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.

### USES AND DISCLOSURES

**TREATMENT**| Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**PAYMENT**| Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated,

**HEALTHCARE OPERATIONS**| Your health information may be used as necessary to support the day-to-day activities and management of the practice of Dr. Vandana Kumra. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**LAW ENFORCEMENT**| Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

**PUBLIC HEALTH REPORTING**| Your health information may be disclosed to public health agencies by law. For example, we are required by law to report certain communicable diseases to the state's public health department.

**OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**| Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

### ADDITIONAL USES OF INFORMATION

**APPOINTMENT REMINDERS**| Your health information may be used by our staff to send you appointment reminders.

**INFORMATION ABOUT TREATMENTS**| Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health related goods and service that we believe may interest you.

**PARENTS, GUARDIANS OR CAREGIVERS|** We may release your health information to a family member or a friend 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 a child to the office for treatment. In this example, the babysitter may have access to this child's medical information.

#### **INDIVIDUAL RIGHTS**

You have certain rights under federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communication concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

#### **DUTIES OF THE PRACTICE OF DR. VANDANA KUMRA**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

#### **RIGHT TO REVISE PRIVACY PRACTICES**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will all be applied to all protected health information that we maintain.

#### **REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION**

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to health records by contacting Steven Vecchio at (212) 580-1483.

#### **PRIVACY RIGHTS**

If you believe that your privacy rights have been violated, you may file a complaint with us and with the Office for Civil Rights.

U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza-Suite 3313  
New York, New York, 10278

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**CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

**USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

Your protected health information will be used by the practice of Dr. Vandana Kumra or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

**NOTICE OF PRIVACY PRACTICES**

You should review the Notice of Privacy Practices for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

**REQUESTING A RESTRICTION ON THE USE OR DISCLOSURE OF YOUR INFORMATION**

You may request a restriction on the use or disclosure of your protected health information. The practice of Dr. Vandana Kumra may or may not agree to restrict the use or disclosure of your protected health information. If the practice of Dr. Vandana Kumra agrees to your request, the restriction will be binding on the practice. Use or disclosure of the protected health information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

**REVOCAION OF CONSENT**

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

**RESERVATION OF THE RIGHT TO CHANGE PRIVACY PRACTICES**

The practice of Dr. Vandana Kumra reserves the right to modify the privacy practices outlined in the office.

**SIGNATURE**

I have reviewed this consent form and give my permission to the Practice of Dr. Vandana Kumra to use and disclose my health information in accordance with it.

\_\_\_\_\_  
Name of Patient (print)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative

\_\_\_\_\_  
Relationship of Patient Representative