

# HP DENTISTRY PC

## HIPPA NOTICE OF PRIVACY PRACTICES

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with the information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully. If you have any questions about this Notice, please contact Dr. Patricia Pasnikowska at 914-698-4455. This Notice is effective on January 1, 2015 and will remain in effect until we replace it. We reserve the right to make changes in our privacy practices provided such changes are permitted by law. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

### OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

**Protect Health Information** "Protected Health Information" or "PHI" for short, is information that identifies you and relates to your past, present or future physical or mental health or condition, the provision of healthcare to you; or the past, present, or future payment for the provision of health care to you; and that identifies the you; or with respect to which there is a reasonable basis to believe the information can be used to identify you. PHI does not include information about you that is publically available, or that is in summary form that does not identify who you are.

**Protection of PHI** We restrict access of you PHI to those employees who need access in order to provide services to our patients. We have established and maintain appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have established a training program that our employees and contracted personnel must complete and update from time to time. We have established a Privacy Office, which has overall responsibility for developing, training and overseeing the implementation.

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they so that they will pay for your treatment.

**For Health Care Operations:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individual Involved in Your Care or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or close friend. We also may notify your family about your location or general condition.

## SPECIAL SITUATIONS

**As required by law:** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety of the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to your business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation:** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by the law. These activities are necessary for the government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release Health Information if asked by a law enforcement official if the information is: 1. In response to a court order, subpoena, warrant, summons or similar process; 2. Limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3. About the victim of the crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4. About a death we believe may be the result of criminal conduct; 5. About criminal

conduct on our premises; and 6. In an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person.

National Security and Intelligence Activities: We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

#### USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your Case or Payment for Your Care unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief: We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

#### YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization before you revoked it will not be affected by the revocation.

#### YOUR RIGHTS

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes: medical and billing records. To inspect and copy this Health Information, you must make your request, in writing, to Dr. Patricia Pasnikowska at [drpasnikowska@gmail.com](mailto:drpasnikowska@gmail.com). We have up to 30 days to make your protected Health Information available to you and we may charge you a reasonable fee for the costs of

copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security.

Act or any other state of federal needs-based benefit program: We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records: If your Protected Health Information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in the form or format. If the Protected Health Information is not readily producible in the form or format you request we will provide it to you in our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend: if you feel the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Dr Patricia Pasnikowska at [drpasnikowska@gmail.com](mailto:drpasnikowska@gmail.com)

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Dr. Patricia Pasnikowska at [drpasnikowska@gmail.com](mailto:drpasnikowska@gmail.com)

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclosed for treatment or payment. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. To request a restriction, you must make your request, in writing, to Dr. Patricia Pasnikowska at [drpasnikowska@gmail.com](mailto:drpasnikowska@gmail.com). WE are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment of health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out of Pocket Payments: If you pay out-of-pocket in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposed of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request, in writing, to Dr. Patricia Pasnikowska at [drpasnikowska@gmail.com](mailto:drpasnikowska@gmail.com). Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even If you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a copy of this notice, contact Dr. Patricia Pasnikowska at [drpasnikowska@gmail.com](mailto:drpasnikowska@gmail.com).

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we received in the future. We will post a copy of our current notice at our office. This notice will contain the effective date on the first page.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Dr. Patricia Pasnikowska at [drpasnikowska@gmail.com](mailto:drpasnikowska@gmail.com). All complaints must be made in writing. You will not be penalized for filling a complaint.

The Plans may change the terms of this Notice at any time. If the Plans change, this Notice the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain including any information the Plans created or received before we issued the new Notcie. If the Plans change we will make them avialbale to you.