

**EAST SIDE MEDICAL PRACTICE, P.C.**  
**20 East 46<sup>th</sup> Street**  
**New York, NY 10017**  
**(212) 481-3600**  
**fax (212) 481-3336**

**THIS NOTICE MUST BE PROVIDED TO YOU AS MANDATED BY FEDERAL LAW. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective April 14, 2003, Revised August 7, 2017

The privacy of your medical information is important to us. You may be aware that U.S. government regulators established privacy rules (“HIPPA”) governing protected health information. This notice tells you about how it may be used and about certain rights that you have.

Wilson Astudillo, the Office Manager, is in charge of privacy matters at our office. You can speak with him at the office if you desire further information, or have any questions or concerns.

**Use and disclosure of protected information**

Federal law provides that we may use your medical information (protected health information) for treatment of you, without further specific notice to you, or written authorization by you (such as if we consult a specialist, we may provide laboratory or test data to that specialist subject to more stringent New York laws, such as restrictions on disclosure of more private information not related to specialist treatment).

Federal law provides that we may use your medical information to obtain payment for our services without further specific notice to you, or written authorization by you (such as your health plan requires that we provide them with a diagnosis code for your visit and a description of services rendered).

HIPPA was updated by the Federal Government September 23, 2013 to include the following: You may privately pay for care without a bill being sent to your insurance company and therefore without disclosure of your visit to the insurance company; You will be notified in the event of a breach of unsecured protected health information (PHI); You have the right to opt-out of marketing or fundraising materials.

Federal law provides that we may use your medical information for health care operations without further specific notice to you, or written authorization by you (such as our billing company may see your name, dates of treatment and procedure codes during processing of our claims).

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. required by law, such as the Department of Health;
5. required by law in judicial or administrative proceedings;
6. required for law enforcement purposes by a law enforcement official;
7. permitted by law to avert a serious threat to health or safety;
8. permitted by law and required by military authorities if you are a member of the armed forces of the United States.

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 mail or phone at your residence to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

Dr. Lutsky and Dr. Pulcheri will never leave your personal information on any home answering device, or with any person answering your phone without your express authorization either oral or written.

Dr. Lutsky and Dr. Pulcheri will not discuss your personal information with any spouse, family member, or relative without your express authorization either oral or written. Even if authorization was granted in the past for a prior condition, a new authorization is necessary for each new discussion.

Dr. Lutsky and his professional corporation, East Side Medical Practice, P.C., are not in partnership nor have any financial affiliation with Dr. Lawrence Silverberg, the podiatrist, his group City Footcare, P.C. or any other provider in the office that may work for City Footcare, P.C. and who share space in the office. Your records will only be viewed by Dr. Silverberg if you choose to become a patient of his podiatry practice. City Footcare, P.C. and East Side Medical Practice, P.C. are separate and distinct entities.

You can make reasonable requests, in writing, for us to use alternative methods of communication with you in a confidential manner. Space for this is provided below.

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.

**Rights that you have.**

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged).

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. 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 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 for public health purposes.

**Obligations that we have.**

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy policies.

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 we maintain. Any revised notice will be posted in our office, and copies will be available there.

I have received a paper copy of this notice

I make the follow special request for confidential communication:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date