

**Dr. Scott Rubenstein  
205 Third Avenue  
New York, NY 10003  
(212) 674-1120**

Effective: January 1, 2007

**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.**

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

Dr. Scott Rubenstein is in charge of privacy matters at our office. You can contact him at (212) 674-1120 if you desire further information or have any questions or concerns.

**Use and disclosure of protected information:** Federal law requires that we may use your information (PHI – protected health information) for the treatment of you, without further specific notice to you or written authorization by you. (ex. If we refer you to a specialist, we may provide laboratory data to that specialist). Federal law requires that we may use your medical information to obtain payment for our services without specific notice to you or written authorization by you (ex. Under your health insurance plan, we are required to provide them with a diagnosis code for your visit and a description of the services rendered). 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 (ex. Our accountants may see your name, dates of treatment, procedure codes during the audit of our books. – ex. We may use your information for financial services, quality assurance, risk reduction, and claim management purposes with our medical liability insurer). We may disclose your medical information without further notice to you or to report child abuse, required by a health oversight agency, such as the Dept. of Health, Office of Professional Medical Conduct, Office of Professional Discipline, required by law in judicial or administrative proceedings, required by law enforcement purposes by a law enforcement official, required by a coroner medical examiner, permitted by law to a funeral director, permitted by law for organ donation purposes, permitted by law to avert a serious threat to health or safety, permitted by law and additional protection for information regarding AIDS/HIV. 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 provide information about treatment alternatives. Unless you instruct us to do otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence. You can make reasonable requests in writing for us to use alternative methods of communicating with you in a confidential matter. 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 may be charged). You have the right to request amendments to your medical

information. Such request must be made 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, 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 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, or disclosures made before January 1, 2007.

**Obligations that we have:** We are required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by 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 (PHI) 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, you have the right to file a complaint with the Secretary of the Dept. of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to: Dr. Scott Rubenstein, 205 Third Avenue, New York, NY 10003. No retaliatory action will be taken against you for any complaint you make.

I have received a paper copy of this notice: \_\_\_\_\_

Date: \_\_\_\_\_