

**Effective date: September 23, 2013**

**Daniela Atanassova-Lineva MD Pediatrics PC  
and 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.**

**TDaniela Atanassova-Lineva MD Pediatrics PC [Pediatrics office]**

is required under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to provide you with a description of the types of information that we gather about you, with whom that information may be shared, the safeguards that we have in place to protect it, and your rights to access and amend your health information. Because this notice only describes your privacy protections and other rights related to your medical information under HIPAA, you may be afforded additional protections and rights under other federal laws and/or State law that are not described in this notice. If the practices described in this notice meet your expectations, there is nothing further you need to do. If you prefer that we not share certain information, you may make a written request, as described below. If you have any questions regarding this Privacy Notice, or a complaint about our privacy practices, please contact our office manager at 718-268-9100.

**Who Will Follow This Notice?**

**This notice describes Daniela Atanassova-Lineva MD Pediatrics PC's**  
privacy practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of Pediatrics office its hospitals, clinics, community providers, and affiliates working with Daniela Atanassova-Lineva MD Pediatrics PC's to provide health care at the Pediatrics office
- Any member of the Daniela Atanassova-Lineva MD Pediatrics PC's workforce including all employees, staff, volunteers, and students,

All of these entities and facilities follow the terms of this notice. In addition, these individuals, entities, and locations may share medical information with each other for purposes of treatment, payment, health care operations, or research, as described in this notice.

A business associate may use or disclose your medical information only as permitted or required by its contract or other agreement with Daniela Atanassova-Lineva MD Pediatrics PC . A Daniela Atanassova-Lineva MD Pediatrics PC business associate is not a member of the workforce, but has a relationship with Daniela Atanassova-Lineva MD Pediatrics PC to perform, or assist in the performance of, a function or activity on behalf of NYCHHC. A business associate

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for your health care services. For example, we may need to give your health plan information about surgery you received at Daniela Atanassova-Lineva MD Pediatrics PC so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. However, for services that you pay for out-of-pocket, and/or in full, you may request that we limit the information shared with your insurance company.

**For Health Care Operations.** We may use and disclose medical information about you as needed to run Daniela Atanassova-Lineva MD Pediatrics PC's operations on a daily basis and to make sure that all of our patients receive quality care. For example, we may use medical information to review the quality of our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services Daniela Atanassova-Lineva MD Pediatrics PC should offer, what services are not needed, and whether certain new treatments are effective. When necessary, we may also disclose information to our accountants, consultants, and other professionals who help us operate the facility.

**Appointment Reminders.** We may use and disclose medical information to contact you with reminders that you have an appointment at the Pediatrics office .

**Sale of Medical Information** Daniela Atanassova-Lineva MD Pediatrics PC is generally prohibited from selling your medical information.

However, in most circumstances or activities for which we expect to receive financial payment for disclosing medical information, we must obtain your written authorization before we use or disclose the information, if the payment that we receive is not related to a medical treatment or service that we have provided.

**Marketing.** We must obtain your written authorization before we use your medical information to communicate with you about purchasing or using a product or service, unless the communication is: made face-to face between you and Pediatrics office or consists of a promotional gift of nominal value provided to you by Daniela Atanassova-Lineva MD Pediatrics PC . The following do not require prior authorization, unless NYCHHC receives payment from a third party in exchange for contacting you:

**Drug Information.** We may use and disclose medical information to provide refill reminders or to provide information about a drug that you have been prescribed.

**Treatment Alternatives.** We may use and disclose medical information to tell you about treatment options that may interest you including case management or care coordination, alternative treatments, therapies, health care providers, or care settings.

***Health-Related Benefits and Services.*** We may use and disclose medical information to tell you about health-related benefits, products and services including NYCHHC owned health plans, and events that may interest you.

**Fundraising Activities.** We may use information, including your name, address, age, date of birth, gender, treating physician, dates of treatment, the department in which you received services, and certain other information unrelated to your condition, to contact you to raise money for our facilities and their health care operations. We may share that same information with a Pediatric office-related foundation or business associate for the same

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**Workers' Compensation.** We may release medical information about you to your employer's insurance carrier, to the Workers' Compensation Board or to similar programs.

**Public Health Activities.** We may share medical information about you for public health purposes with government organizations that are authorized to prevent the spread of disease, or to receive reports of certain medical conditions, births, deaths, abuse, neglect, and domestic violence. We will try to obtain your permission before releasing this information, except when we are required or authorized to act without your permission.

**Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information.** Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, psychotherapy notes (under federal law), and genetic information. If your care involves these special areas, please contact your health care providers or counselors for more information about these additional protections.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, and inspections.

**Legal Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 your medical information for law enforcement purposes, including the following:

To respond to legal proceedings

To identify or locate a suspect, fugitive, material witness, or missing person In circumstances pertaining to victims of a crime

In the case of deaths we believe may be the result of criminal conduct In the case of crimes occurring at the facility

To report a crime in an emergency; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Death.** In the event of your death, Daniela Atanassova-Lineva MD Pediatrics PC may use and disclose your protected health information in order to notify or assist in locating your family member, next-of-kin, personal representative, or other person involved in your care about your death, unless doing so would be inconsistent with any prior preference or instruction that you have expressed in writing to Daniela Atanassova-Lineva MD Pediatrics PC . In making any such disclosure, Daniela Atanassova-Lineva MD Pediatrics PC personnel will ensure that only the protected health information that is relevant and necessary for notification or location purposes is used. Otherwise, Daniela Atanassova-Lineva MD Pediatrics PC may only disclose your protected health information to a surviving relative or facility. All amendment requests must be in writing. To request an amendment, complete a *NYCHHC Request for Amendment* form or submit a written request to the facility's Health Information Management Department. You must provide a reason to support your request for amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless you provide us with a reason to believe that the person who created the information is no longer available to act on the amendment. Is not part of the information that may be used to make decisions about you. Is not part of the information that you would be permitted to inspect and copy Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures that Daniela Atanassova-Lineva MD Pediatrics PC has made of medical information about you. The list will not include certain information, such as information we have shared for your treatment, payment, or Daniela Atanassova-Lineva MD Pediatrics PC health care operations, or those disclosures we have made with your permission. To request this list, please submit your request in writing to the facility's Health Information Management Department. Your request must include a time period that may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list(i.e., on paper or electronic format). The first list you request within a 12-month period will be free. For additional lists, we may charge a reasonable cost-based fee to cover the cost of providing the information. We will notify you of the cost involved and you may choose to cancel or change your request at that time before you've been charged.

**Right to Request Restrictions.** You have the right to request a restriction on the medical information that we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information that we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medical procedure that you had. To request restrictions, please complete a Daniela Atanassova-Lineva MD Pediatrics PC *Request for Additional Privacy Protections* form.

You may also submit a written request to the facility's Director of Admitting or the Director of Registration. In your request, please tell us:

What information you want to limit

Whether you want to limit our use, disclosure or both

To whom you want the limits to apply (for example, disclosures to your spouse)

***We are not required to agree to your restriction request.*** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**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.

For example, you can ask that we only contact you at work or by mail. To request confidential communications, please submit your request in writing to the facility's Medical Correspondence Unit. We will not ask you the reason for your request. We will accommodate

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**Acknowledgement**

By signing and dating the form below, I acknowledge that I have received a copy of the Daniela Atanassova-Lineva MD Pediatrics PC's Privacy Notice.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

If executed by a patient's personal representative, please print your name in the space below:

Personal Representative's Name :

Signature : \_\_\_\_\_

**Daniela Atanassova-Lineva MD Pediatrics PC's STAFF ONLY:**

Patient refused to sign

Patient unable to sign

Daniela Atanassova-Lineva MD Pediatrics PC's Employee's Initials:

