



NOTICE OF PRIVACY PRACTICE

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

Law requires us to:

- Keep your medical information private
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information
- Follow the terms of the current notice

We have the right to:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law
- Make the changes in our privacy practices and the new terms of our notice effective for medical information that we keep, including information previously created or received before the changes

Notice of change to privacy practices:

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request

PERMITTED USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION WITHOUT AUTHORIZATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For Treatment

We may use medical information about you to provide you with medical treatment or services. Treatment means the provision, coordination, or management of health care and related services by one or more health care providers. We may disclose medical information about you to doctors, nurse, technicians, medical students, or other people who are taking care of you. Your physician will document in your record his/her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We may also share medical information about you to your other health care providers to assist them in treating you.

For Payment

We may use and disclose your medical information for payment purposes. Payment means the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care. A bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on or accompanying the bill may include PHI that identifies you, your diagnosis, and treatment or supplies used in the course of treatment, and other related medical information.

For Health Care Operations

We may use and disclose your medical information for your health care operations. Health care operations means conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; underwriting, premium rating, and other activities related to health insurance contracts; medical reviews; legal services; auditing functions; and business management and general administrative activities of the practice. This might include measuring and improving quality, evaluating the performance of employees conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION WITHOUT AUTHORIZATION

In addition to using and disclosing your medical information for treatment, payment, ad health care operations, we may use and disclose medical information for the following purposes.

Business Associates

There are some services provided at our network practices through contracts with business associates, including: the management services, certain laboratory tests, and collection services. When these services are contracted, we may disclose your PHI to our business associate so that they can perform the job we have asked them to do, and bill you or your third party payor for services rendered. So that your PHI is protected, however, we require the business associate to appropriate safeguard your information.

Appointments

We may use or disclose your PHI to call, email, or write you to remind you of a scheduled appointment. We may also email, call, or write to notify you of other treatments or services available to our network practices that might help you. Unless you tell us otherwise, we will call, email, or mail you an appointment reminder.

Facility Directory

Unless you notify us that you object, the following medical information about you will be placed in our facility directories; your name; your location in our facility; your condition described in general terms; your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

Notification

We may use and disclose medical information to notify or help notify: spouse, family member, your personal representative or another person responsible for your care. We still share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information about you.

Communication with Spouse/Family

Health professionals, using their best judgement, may disclose to your spouse, family member, or any other person you identify, PHI relevant to that person's involvement in your care of payment related to your care.

Disaster Relief

We may share medical information with public or private organization or person who can legally assist in disaster relief efforts.

Fundraising

We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and the dates of your health care. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

Notification

Unless you notify us that you object, the following medical information about you will be placed in our facility directories; your name; your location in our facility; your condition described in general terms; your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

Marketing

We may contact you to tell you about or recommend possible treatment alternative or other medical technology and services that may be of interest to you.

Research in Limited Circumstances

We may use medical information for research purposes in limited circumstances where the research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of medical information. In most cases, we will de-identify your PHI so that orders can use the de-identified information to study health care delivery without learning who you are.

Funeral Director, Coroner, Medical Examiner

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials.

We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect or domestic violence. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or condition.

Victims of Abuse, Neglect, or Domestic Violence

We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it's necessary to prevent a serious threat to your health or safety of the health and safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Worker's Compensation

We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

To Avert a Serious Threat to Health or Safety

We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI 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 request.

Required by Law for Law Enforcement

Under certain circumstances, we may disclose health information to law enforcement officials for national security and intelligence activities, to an appropriate health oversight agency, for worker's compensation purposes, or attorney. These circumstances also may include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Military and Veterans

If you are a member of the armed forces or separated/discharged from military services, we may release your PHI as required by military command authorities or the Department of Veteran Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Coroners, Health Examiners, and Funeral Directors

We may disclose your PHI to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your PHI to funeral directors as necessary to carry out their duties.

Appointment Reminders

We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

Alternative and Additional Medical Services

We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

Note: HIV-related information, genetic information, mental health records, and other specialty protected information may be subject to certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photo copies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about fee structure.
- Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- Request that we communicate with you about your medical information by different means or to different locations. This request must be made in writing to our Privacy Officer.
- Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
- To receive a copy of this privacy notice, please request a copy from receptionist.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer.

If you think we have violated your privacy rights, or you think you were treated unfairly because of your sex, age, color, race, disability, or national origin, you may speak to our Privacy Officer and submit a written complaint. To take either action, please inform the receptionist that you wish to contact the Privacy Officer or request a compliant form. We will not retaliate in any way if you choose to file a complaint.

You must send a complaint within 60 days of the date it arose. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

You may also submit a written complaint to the U.S. Department of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201

This is to acknowledge that I agree to the Notice of Privacy Practices for Greenwich Health, PLLC and have received a copy for my records.

Signature of Patient or Responsible Party

Print Name

Date

Signature of Witness

Print Name

Date

If the patient listed above is a minor or is unable to sign, and you are a parent, legal guardian, or personal representative who will use e-mail to communicate about this patient, please sign above and complete the following:

Print Name

Date

Relationship to Patient

Disposition: File this Acknowledgement Form in the patient's medical record. This privacy practices are currently in effect and will remain in effect until further notice.

Greenwich Health, PLLC
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Greenwich Health, PLLC
Julie Huang-Lionnet, MD
Board Certified Anesthesiology
Subspecialty Certification in Intervention Pain Management
Certified in Venous, Regenerative and Cosmetic Medicine
ABMS Boarded Anesthesiology/ABA Pain Medicine
greenwichhealth.org

NOTICE OF PATIENT PRIVACY

July 1, 2019

Greenwich Health, PLLC is committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION

We may require your written consent before we use or disclose to others your medical information for purpose of providing or arranging for your healthcare, the payment for or reimbursement of the care that we provide you, and the related administrative activities supporting your treatment. We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top of this page indicated the date of the most current Notice in effect.

I consent to allow Greenwich Health, PLLC to disclose my protected health information for treatment activities of another health care provider.

Initial _____

I consent to allow Greenwich Health, PLLC to disclose my protected health information to another physician or to another health care provider for the payment activities of the entity that receives the information.

Initial _____

I consent to allow Greenwich Health, PLLC to disclose protected health information to another medical facility for health care operations activities, provided that the practice and the other entity has or had a relationship with the below named patient. The disclosure must be for treatment, payment, or health care operations or for the purpose of health care fraud and abuse detection or compliance.

Initial _____

Signature of Patient or Responsible Party

Print Name

Date

Signature of Witness

Print Name

Date

If the patient listed above is a minor or is unable to sign, and you are a parent, legal guardian, or personal representative who will use e-mail to communicate about this patient, please sign above and complete the following:

Print Name

Date

Relationship to Patient

PLEASE LIST THOSE INDIVIDUALS WITH THEIR RELATIONSHIP TO YOU WITH WHOM WE MAY COMMUNICATE

Name

Relationship

Name

Relationship