

Mount Sinai Health Partners, PC at UHH- Health Center

Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how medical information about you (as a patient of this practice) may be used and disclosed, and how you can get access to this information. Please review this notice carefully.

A. Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. Personal Representatives

If a person has the authority under law to make decisions for you relating to your healthcare (personal representative), we will treat your personal representative the same way we would treat you with respect to your PHI. Parents and guardians will generally be personal representatives of minors unless the minors are permitted by law to act on their own behalf.

C. We may use and disclose your protected health information (PHI) in the following ways –

The following are examples of the types of uses and disclosures of how your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you.

- 1. Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your PHI to other physicians who may be treating you or to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.
- 2. Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. You may direct us not to share specific PHI with your insurer relating to a service you pay for personally. It is your responsibility, however, to inform other providers who may receive copies of your health information from us that they should not share this information with your insurer. We also may use and disclose your PHI to obtain payment from third parties that

may be responsible for such costs, such as family members or to other health care providers and entities to assist in their billing and collection efforts.

- 3. Health Care Operations:** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations. We will share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

D. Other permitted and required uses and disclosures - *We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. The use or disclosure will be made in compliance with federal, state or local law and will be limited to the relevant requirements of the law. These situations include:*

- 1. Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of: (1) Maintaining vital records, such as births and deaths, (2) Reporting child abuse, neglect or domestic violence (3) Preventing or controlling disease, injury or disability, (4) Notifying a person regarding potential exposure to a communicable disease, (5) Notifying a person regarding a potential risk for spreading or contracting a disease or condition, (6) Reporting reactions to drugs or problems with products or devices, (7) Notifying individuals if a product or device they may be using has been recalled, (8) Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence), however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information, and (9) Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 2. Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include: investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
- 4. Law Enforcement/Criminal Activity:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes, (2) pertaining to victims of a crime, (3) in the event that a crime occurs on the premises of our practice, and (4) medical emergency (not on our practice’s premises) and it is likely that a crime has occurred, (5) concerning a death we believe has resulted from criminal conduct, (6) in response to a warrant, summons, court order, subpoena or similar legal process, (7) to identify/locate a suspect, material witness, fugitive or missing person, (8) in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator), (9) for law enforcement authorities to identify or apprehend an individual.
- 5. Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

- 6. Research:** Research is defined as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. In the course of conducting research our practice is permitted to use and disclose protected health information for research with individual authorization, or without individual authorization under limited circumstances set forth in the Privacy Rule.
- 7. Military Activity and National Security:** If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authority we may use or disclose protected health information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- 8. Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.
- 9. Inmates:** We may use or disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- 10. Others Involved in Your Health Care 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 not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- 11. Childhood immunizations:** We may disclose immunizations list to schools required to obtain proof of immunization prior to admitting the student so long as the physicians have and document the patient or patient's legal representative's "informal agreement" to the disclosure.
- 12. Decedents:** We may make relevant disclosures to the deceased's family and friends under essentially the same circumstances such disclosures were permitted when the patient was alive; that is, when these individuals were involved in providing care or payment for care and the physician is unaware of any expressed preference to the contrary.
- 13. Completely De-identified or Partially De-identified Information:** We may use or disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you for research, public health and specific healthcare operations if the person who will receive the information signs an agreement to protect the privacy of the information. Partially de-identified health information will exclude all direct identifiers but may include zip code and dates of birth, admission and discharge.
- 14. Incidental Disclosures:** While we will take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your PHI may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your PHI. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussion about your PHI.
- 15. Certain Types of Information are Given Additional Protection under Federal and State Laws:**

Certain types of highly sensitive medical information are given extra protections under Federal and state law. We may be required under these laws to get your written permission to share the following:

- psychotherapy notes written and kept by your therapist, except for purposes related to treatment, payment or our practice's operations, for instance, related to your therapist's supervisor, to avoid a serious threat to health or safety, or as required by law
- other mental health information
- substance (drug and alcohol) abuse treatment information
- HIV/AIDS testing, diagnosis or treatment information
- information about reproductive health issues, such as sexually transmitted diseases or pregnancy

E. Your rights – *You have the following rights regarding the PHI we maintain about you:*

- 1. Inspect and copy:** This means you may inspect and obtain a copy of your record that contains medical and billing records and any other records that your physician and the practice use for making medical decisions about you for so long as we maintain your protected health information. Medical record copies remain available via hardcopy and/or electronic copy where available. As permitted by federal or state law, we may charge you a reasonable fee for the cost of copying, mailing, labor and supplies associated with your records request. However, under federal law you may not inspect or copy the following records without the proper written authorization: (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and (3) information of CLIA (laboratory results) to the extent the provision of access would be prohibited by law.
- 2. Request a Restriction:** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. At your request, physicians may not disclose information about care the patient has paid for out-of-pocket to health plans, unless for treatment purposes or in the rare event the disclosure is required by law. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. With this in mind, please discuss any restriction you wish to request with your physician.
- 3. Confidential Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work.
- 4. Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- 5. Accounting of Disclosures:** You have the right to request an "accounting of disclosures," which is a list with information about how your PHI has been disclosed to others outside the practice. An accounting list will not include disclosures we made to your personal representative; disclosures we made pursuant to your written authorization; disclosures we make for treatment, payment or business operations; disclosures made to your friends and family involved in your care or payment; disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you; disclosures made for national security and intelligence activities and disclosures made about inmates to correctional institutions or law enforcement officers.

To request this list, please use the contact information at the end of this notice. Your request must state a time period for the disclosures you want us to include. You have the right to receive one list within every 12 month period for free; however, we may charge you for the cost of providing additional lists in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for accounting within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. IN rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has directed us to do so.

- 6. Breach of PHI:** Our practice will notify individuals within 60 days of discovery of a breach of unsecured PHI. A breach means the acquisition, access, use, or disclosure of protected health information in a manner not permitted under HIPAA unless we determine there is a low probability that the PHI has been compromised.
- 7. Marketing, Fundraising & Sales:** We will obtain patient authorization if the practice wants to use PHI for certain purposes unrelated to treatment, payment or operations, including, but not limited to: (1) Marketing [any communication about a product or service that encourages recipients of the communication to purchase or use that particular product or service] treatment options for financial remuneration in exchange for making the communication; except when the communication is face-face with the patient or if it involves the provision of services of nominal value. (2) Fundraising [intention of contacting individuals to raise funds for the entity], at the time of collection the practice must also inform the individual that he or she has the right to opt out of receiving such communications. (3) Our practice does not participate in the "Sale" of PHI, nor shall it enter into a relationship with an entity that results in such without written authorization of the individual.
- 8. Requirement for Written Authorization:** We will obtain your written authorization for all other uses or disclosures of your PHI not discussed in this notice. You may also request the transfer of your records to another person by completing a written authorization form. If you provide us with a written authorization, you may revoke the written authorization in writing at any time, except to the extent that we have already relied upon it. To revoke an authorization, please contact our Privacy Officer as set forth below. A verbal authorization is sufficient to disclose proof of immunization to a school where state law requires such information prior to admitting the student.
- 9. How to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the practice's Privacy Officer or with the Office for Civil Rights. To file a complaint please use the contact information below for our Privacy Officer and/or please contact Department of Health and Human Services/OCR: www.hhs.gov/ocr/hipaa

If you have any questions about this notice, would like to file a complaint, create a disclosure or revoke this authorization with our practice please contact our Privacy Officer, 1801 Atlantic Avenue, 3rd Floor, Atlantic City, NJ 08401, 609-570-2400.

MOUNT SINAI HEALTH PARTNERS, PC AT UHH – HEALTH CENTER

HIPAA Acknowledgement

Notice of Privacy Practices

Print Name of Patient _____

Patient Date of Birth _____

We at Mount Sinai Health Partners, PC are required by law to maintain the privacy of and provide individuals with access to the Notice of our legal duties and privacy practices with respect to protected health information. I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document and understand that I may obtain a copy for my records upon request.

Signature of Patient/Legal Representative _____

Today's Date _____

Email Address of Patient/Legal Representative _____

Cell Phone of Patient/Legal Representative (_____) _____ - _____

Please let us know which number you would like us to call regarding your medical information. *Note that this is the number where we will leave a message if we do not reach you.*

Home phone

Cell phone

Both