

OBSTETRICAL/GYNECOLOGICAL ASSOCIATES of the Southern Tier, P.C.

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.**

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. "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.

We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information, and are required to abide by the terms of this notice. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment

I. Uses and Disclosures of Protected Health Information

We Do Not Require Your Authorization in Order to Use or Disclose Your Protected Health Information for Purposes of Treatment, Payment for Treatment and Healthcare Operations.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We may also disclose protected health information to other physicians. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health insurance plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical/nursing students, licensing, marketing and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical/nursing school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health

information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the 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 intended to protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. **You may contact our Privacy Official, identified at the end of this notice, to request that these materials not be sent to you.**

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures

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. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health

authority that is authorized by law to receive reports of child abuse or neglect

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

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), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information for law enforcement purposes in very limited circumstances where permitted or required by state law.

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. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: OB/GYN Associates of the Southern Tier conducts clinical research on site, involving investigational medications in the treatment of various conditions. The physician, practitioner or representative, as an option in the course of treatment, may offer this to patients. A decision for or against involvement in clinical research will not alter the patient-physician relationship.

As with all research, enrollment and treatment would follow informed consent discussion and written informed consent. We may use or disclose your protected health information for the purpose of medical treatment that may be related to research or to researchers when the research has been approved by an institutional board that has reviewed the research protocols to ensure the privacy of your protected health information.

Military Activity and National Security: When the appropriate conditions apply, 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 authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others Legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you upon your request, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

Disclosures for Which You Will Have an Opportunity to Agree or Object: For certain types

of disclosures we will not make the disclosure unless you have agreed to the release, or have had the opportunity to object to it and not objected. For instance, we may disclose to a member of your family, to a close friend or relative, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment for your health care. 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. In any of these instances, 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. Only relevant protected health information will be disclosed.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your authorization as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your authorization but is unable to do so, he or she may still use or disclose your protected health information for such purpose.

Communication Barriers: We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain your authorization but is unable to do so due to substantial communication barriers, if the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Uses and Disclosures of Protected Health Information Based upon Your Written

Authorization: Other uses and disclosures of your protected health Information not described above will be made only with your written authorization. Where you have authorized the use or disclosure of your protected health information in such an instance, you may revoke it at any time, in writing. The revocation will not be effective for any action already taken in reliance on the authorization.

Other Applicable Limitations on Disclosure: New York State law applies other restrictions on the disclosure of certain PHI For instance, to the extent we have records containing such information, we may not disclose information about HIV or AIDS conditions or testing, mental health information, drug or alcohol abuse diagnosis or treatment information, and certain kinds of information regarding pregnancy and family planning, without specific authorization from you, or in other limited circumstances provided by law.

2. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

However, we may deny your request in certain circumstances, as required or permitted by law. For instance, we may deny access to psychotherapy notes, and we may deny access to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. In some circumstances, you may have a right to have our decision to deny access reviewed. Please contact our Privacy Official (identified at the end of this notice) if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. 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 request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to your request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, **please discuss any restriction you wish to request with your physician.** To request a restriction, you will need to fill out our “Restriction of Personal Health Information Form” and return it to our Privacy Official. Our Privacy Official will discuss the restrictions you have requested with your physician and together will make the determination whether or not to agree to your request.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Official, identified below.

You have the right to request that we amend your protected health information. This means you may request, in writing, that we amend protected health information about you in a designated record set for as long as we maintain this information. If we approve your request we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI. We may deny your request for an amendment if: the PHI is not created by us; the PHI is not part of the health information kept by or for us; the PHI is not part of the information which you would be permitted to inspect and copy; or the PHI is accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. Please contact our Privacy Official if you have questions about amending your medical record.

You have the right to receive a list of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The list will include a statement of when, to whom, and why we released health information about you, along with a description of the PHI released. You have the right to receive a list of disclosures that occurred in the last six years, excluding disclosures made prior to April 14, 2003.

The right to receive this information is subject to certain exceptions, restrictions and limitations. Please contact our Privacy Official if you have questions.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Official of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Official, at (607) 754-9870, or by writing to:

**PRIVACY OFFICIAL
OB/GYN ASSOCIATES OF THE SOUTHERN TIER
24 MADISON AVENUE
ENDICOTT, NY 13760**

This notice was published and becomes effective on April 14, 2003.