



## 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.**

If you have any questions about this Notice please contact our Privacy Officer at 516-931-0041.

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 to abide by the terms of this Notice. We may change the terms of our privacy 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. Notice is available for review.**

### 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### Uses and Disclosures of Protected Health Information

Advanced Urology Centers of New York (AUCNY), a division of Integrated Medical Professionals, PLLC will obtain your general consent, usually at your first visit to one of our facilities.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that already has obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to your referring urologist. We also will disclose protected health information to other physicians who may be treating you.

**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: determining your eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; and undertaking utilization review activities.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to an insurer or accreditation agency which performs chart audits. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may use or disclose your protected health information, as necessary, to contact you by telephone and mail to remind you of your scheduled procedure.

We will share your protected health information with third party "business associates" that perform various activities for our Facility (e.g., computer consulting company, law firm or other consultants). 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. We may use your de-identified information for the purpose of conducting clinical research.

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. For example, your name and address may be used to send you a newsletter about the services we offer. We also may send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

## **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. We will only disclose your protected health information for purposes of marketing with your written authorization. Marketing means a communication about a product or service that encourages you to purchase or use the product or service. Marketing does not include communications to you regarding your treatment or products or services that you are already receiving, unless we are being paid by a third party to make these communications. We also will not sell your protected health information unless we have your written authorization to do so. You may revoke your authorization at any time, in writing, except to the extent that AUCNY has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Permission or Opportunity to Object**

***Others Involved in Your Healthcare:*** 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 unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment.

### **Other Permitted and Required Uses and Disclosures that may be Made without your Consent or Authorization**

***Required By Law:*** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law.

***Public Health:*** We may disclose your protected health information for public health activities 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 also may 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 your protected health information to a governmental agency for activities authorized by law, such as audits, investigations, and inspections.

***Abuse or Neglect:*** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

***Product Monitoring and Recalls:*** 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, and biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or in connection with post-marketing surveillance, as required by law.

***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, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of AUCNY, and (6) medical emergency (not on AUCNY's premises) and it is likely that a crime has occurred.

***Decedents:*** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

***Organ/Tissue Donation:*** Your health information may be used or disclosed for cadaver organ, eye or tissue donation purposes.

***Criminal Activity:*** We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

***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 for authorized military purposes, as required by law.

***Workers' Compensation:*** Your protected health information may be disclosed by us 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 AUCNY created or received your protected health information in the course of providing care to you.

***Fund-Raising:*** Unless you object in writing, we may use your protected health information to contact you as part of general fund-raising activities related to our practice.

***Required Uses and Disclosures:*** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal privacy regulations.

## 2. YOUR 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 medical record maintained by AUCNY for as long as we maintain the protected health information. We may charge you our standard fee for the costs of copying, mailing or other supplies we use to fulfill your request.

**You have the right to request a restriction of your protected health information.** 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. You also may 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.

AUCNY is not required to agree to a restriction that you may request. If AUCNY 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 AUCNY 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 AUCNY. You may request a restriction using the form for requests for restrictions on protected health information from the Privacy Officer, or you may provide us your request, in writing. Your request must include (a) the information you wish restricted; (b) whether you are requesting to limit the Facility's use, disclosure, or both; and (c) to whom you want the limits to apply.

An exception to the above statement that AUCNY need not agree to a restriction is where the disclosure is to an insurance company or other payor and you pay for the services in full and in cash. In that event we must follow your instructions not to disclose the protected health information related to that visit or treatment to your health plan.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** For example, you may ask us to contact you by mail, rather than by phone at home. You do not have to provide us a reason for this request. We will accommodate **reasonable** requests. We also may 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. Please make this request in writing to our Privacy Officer.

**You may have the right to have Advanced Urology Centers of New York amend your protected health information.** This means you may request an amendment of protected health information about you that we maintain. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting 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 health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, or to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding other disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The first list you request within a 12-month period is free of charge, but there is a charge involved with any additional lists within the same 12-month period. We will inform you of any costs involved with additional requests, and you may withdraw your request before you incur any costs.

**You have the right to receive notice of any breach of your unsecured protected health information.** Unsecured protected health information is information that is not encrypted or otherwise rendered unusable, unreadable, or indecipherable. In the event of a breach of this unsecured protected health information, the practice will notify you in writing by first class mail of this breach and provide you with further information about the breach.

**You have the right to obtain a paper copy of this Notice from us.**

### **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 Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at 516-931-0041 for further information about the complaint process.