

**FAMILY CHOICE OF NEW YORK MEDICAL, PC**

**Notice of Privacy Practices**

3332 Walden Ave., Suite 110, Depew, NY 14043

Privacy Officer, 716-668-7051

**EFFECTIVE DATE: MARCH 26, 2013**

**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 applies to FAMILY CHOICE OF NEW YORK MEDICAL, PC (“FCPC”).

FCPC understands the importance of maintaining the confidentiality of your health information and is committed to maintaining the confidentiality of such information. In our provision of health care services to you, we create and obtain various records concerning your medical condition, the care and treatment provided on your behalf, and your payment for medical services. We use these records to ensure you receive the best possible medical care, to obtain payment for services provided to you, and to enable us to meet our professional and legal obligations, among other purposes. FCPC is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to such information. If you have any questions about this notice, please contact FCPC’s Privacy Official identified above.

**A. Use and Disclosure of Your Health Information**

In its provision of services, FCPC obtains health information about you and stores it in paper form and/or electronically. This compilation of information is commonly referred to as your medical record. The information contained in your medical record includes information that enables us to identify and contact you (for example, your name, address, phone number, *etc.*), information about your medical condition and the treatment of your medical condition and information about sources of payment for your medical care, among other things. The medical record is the property of FCPC and/or your health care provider, but the information in the medical record belongs to you.

FCPC will typically use and disclose the information in your medical record for the following purposes:

1. Treatment. FCPC may use and disclose your health information to provide medical care for you. FCPC discloses your medical information to its employees and other professionals who are involved in providing the care you need. For example, we may share your medical information with physicians and other health care providers who provide services FCPC does not provide.

2. Payment. FCPC may use and disclose your health information to bill and obtain payment for the services it provides on your behalf. For example, FCPC provides certain information about you to your health plan to obtain payment for its services. In addition, we may disclose your personal information to your health care providers to assist them in obtaining payment for services they have provided for you.

3. Health Care Operations. FCPC may use and disclose your health information to operate FCPC’s business. For example, FCPC uses and discloses your information to improve the quality of care you receive and to evaluate the competence and qualifications of our staff. FCPC may use and disclose

information about you to your health plan to obtain authorization for the provision of additional services or to obtain a referral to a physician. FCPC also may use and disclose your information for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. FCPC may share your information with its “business associates” that perform administrative and other services for FCPC. FCPC has a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your information to the same extent FCPC is required to protect your information. Upon request, FCPC may share your information with other health care providers, health care clearinghouses and health plans that have a relationship with you to assist them in (i) their performance of health care quality assessment and improvement activities, (ii) their efforts to improve their provision of health care services or to reduce health care costs, (iii) their evaluation of the competence, qualifications and performance of their health care professionals, (iv) their training programs, (v) their accreditation, certification and licensing activities and (vi) their health care fraud and abuse detection and compliance efforts.

FCPC is also allowed or required to disclose your health information in other ways – usually in ways that contribute to the public good. We have to meet many conditions in the law before we can share your information for these purposes. For more information see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). Such purposes include, but are not limited to, the following:

4. Notification and Communication With Family and Friends. We may disclose your health information to your family, close personal friends, personal representatives, and others identified by you to the extent such information is relevant to their involvement in your health care or payment related to your health care. FCPC may also use your information to notify (or to enable another authorized person to notify) your family, your personal representative or another person responsible for or involved in your care about your location and your general condition. In the event of a disaster, FCPC may disclose your information to a relief organization that is coordinating notification efforts. If you are able and available to agree or object to FCPC’s disclosure of your information to the people described above, you will be given an opportunity to object to the disclosures, although FCPC may disclose your information during a disaster despite your objection if FCPC believes such disclosure is necessary to respond to the emergency. If you are unable or unavailable to agree or object, FCPC will use its best judgment when communicating with your family, friends and others.

5. Required By Law. FCPC will use and disclose your information to the extent required by applicable laws, including with the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

6. Public Health. FCPC may, and is sometimes required by law to, disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting suspected elder or dependent adult abuse or neglect; reporting suspected domestic violence; reporting to the Food and Drug Administration certain problems with products and reactions to medications; and reporting disease or infection exposure. When FCPC reports suspected elder or dependent adult abuse or domestic violence, FCPC will inform you or your personal representative promptly of such report unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

7. Health Oversight Activities. FCPC may, and is sometimes required by law to, disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to limitations imposed by applicable laws.

8. Judicial and Administrative Proceedings. FCPC may, and is sometimes required by law to, disclose your health information in the course of an administrative or judicial proceeding or in response to a subpoena, discovery request or other lawful process.

9. Law Enforcement. FCPC may, and is sometimes required by law to, disclose your health information to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness or missing person, or complying with a court order, warrant, grand jury subpoena or other law enforcement purpose.

10. Decedents. FCPC may disclose your health information to a coroner, medical examiner, or funeral director when an individual dies.

11. Organ or Tissue Donation. FCPC may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

12. Public Safety. FCPC may, and is sometimes required by law to, disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

13. Specialized Government Functions. FCPC may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

14. Change of Ownership. If FCPC is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

15. Research. FCPC may disclose your health information to researchers if your written authorization is not required for such disclosure, as approved by an Institutional Review Board or privacy board or in compliance with applicable law.

16. Workers' Compensation. FCPC may disclose your health information as authorized by and to the extent necessary to comply with the laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

## **B. When FCPC Will Not Disclose Your Health Information; Special Categories of Information**

FCPC will not disclose your health information without your written authorization in connection with any of the following: marketing purposes, sale of your protected health information, and most sharing of psychotherapy notes.

We may contact you for fundraising efforts, but you can tell us not to contact you again.

In certain circumstances, we are required to provide more restrictive treatment to the following types of information: psychotherapy notes, genetic testing information, information on persons with

developmental disabilities, information concerning HIV/AIDS testing, and alcohol and drug abuse treatment.

## **C. Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Right to Request Special Privacy Protections. You have the right to request in writing that FCPC restrict its use and/or disclosure of your health information for treatment, payment, or health care operations. FCPC is not required to agree to your request, and may accept or reject your request in its sole discretion, and will notify you of its decision. Notwithstanding the foregoing, unless otherwise required by law, FCPC will comply with your request to restrict disclosure of your health information to a health plan for purposes of carrying out payment or health care operations if the health information pertains solely to a health care item or service for which FCPC has been paid in full by you or by a person other than the health plan.

2. Right to Request Confidential Communications. You have the right to request that we contact you in a specific way or at a specific location (for example, a home or office phone or to send mail to a different address). FCPC will comply with all reasonable written requests.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your information, you must submit a written request detailing the information you would like to access that specifies whether you would like to inspect the information or obtain a copy of the information. FCPC may charge a reasonable fee, as allowed by law, for copies of your health information. FCPC may deny your request for access under limited circumstances.

4. Right to an Electric Copy of Electronic Medical Records. You have the right to request an electronic copy of your health information if the information that is the subject of your request is maintained in electronic format and it is readily producible in such form and format. If the health information is not readily producible in the form and format you request, FCPC will provide your record in either our standard electronic format or a readable hard copy form.

5. Right to Amend or Supplement Your Medical Record. You have a right to request that FCPC amend information you believe is incorrect or incomplete. You must make your amendment request in writing and must include the reason you believe the information is inaccurate or incomplete. FCPC is not required to amend your health information. FCPC may deny your amendment request if it does not have the information, if it did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information or if FCPC determines the information is accurate and complete. If we deny your amendment request, we will inform you about the reasons for the denial and explain how you can respond to our denial. You also have the right to request that we add to your medical record a statement of up to 250 words concerning any information in your medical record that you believe is incomplete or incorrect.

6. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by FCPC for six years prior to the date you ask. FCPC does not have to account for disclosures of information for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

7. Right to Copy of Notice. You have a right to a paper copy of this notice of privacy practices, even if you have previously requested its receipt by e-mail.

8. Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Official identified at the top of this notice.

#### **D. Our Responsibilities**

FCPC is required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

#### **E. Amendments To This Notice Of Privacy Practices**

FCPC reserves the right to amend this notice of privacy practices at any time without prior notice. Until such amendment is made, FCPC is required by law to comply with this notice. After the notice is amended, the revised notice of privacy practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, on our website, and will also make it available upon request.

#### **E. Complaints**

FCPC understands the importance of maintaining the confidentiality of your personal information. If you have any complaints about this notice of privacy practices or about how FCPC handles your health information, please contact the Privacy Official identified at the top of this notice as soon as possible so we can address your concerns. If you would like, you also may submit a formal complaint to the Secretary of the Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint with us or with the Department of Health and Human Services.

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Privacy Officer, 716-668-7051

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

By signing this form, I hereby acknowledge that FAMILY CHOICE OF NEW YORK MEDICAL, PC (“FCPC”) has provided me a copy of its notice of privacy practices and I have reviewed the notice. I understand that I can ask FCPC any questions about the notice of privacy practices and may request a copy of FCPC’s notice of privacy practices for my records, and that a copy of the current notice will be posted at FCPC’s office.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate relationship to patient:

- guardian
- personal representative
- conservator

Name of Patient: \_\_\_\_\_

***For Office Use Only:***

*(Complete the following only if the patient or his/her representative refuses to sign the Acknowledgment of Receipt of Notice of Privacy Practices or if it’s not possible to obtain a signature from the patient or his/her representative)*

Describe good faith efforts to obtain the Acknowledgement of Receipt of Notice of Privacy Practices and reasons why the acknowledgement could not be obtained:

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