

HIPAA Notice of Privacy Practices

Ruth Kaplan Treiber, M.D.
Eric S. Treiber, M.D.
175 Purchase Street
Rye, N.Y. 10580

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 (PHI) to carry out treatment, payment or health care operations (TPO) 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.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information (PHI) may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician’s practice, and any other use required by law.

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 a third party. For example, 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. 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. Many of the people who work for our practice – including, but not limited to our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in taking care of you, such as your spouse, children or parents. For example, a parent or guardian may ask that a babysitter take their child to the office for treatment of a skin condition. In this example, the babysitter may have access to this child’s medical information.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. 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. 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. Also, we may use your PHI to bill you directly for services and items. If you have paid for services “out of pocket”, in full in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students or residents, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical residents that see patients with us in our office. In addition, we may 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 may use or disclose your protected health information in the following situations without your authorization:

Public Health issues as required by law, including Communicable Diseases, Abuse or Neglect, Food and Drug Administration requirements; Health Oversight Activities; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity or National Security; Serious Threats to Health or Safety; Worker’s Compensation.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. **You may revoke this authorization**, at any time, in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information.

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. In order to request a type of confidential communication, you must make a written request to (Attention: Office Manager) specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. Additionally, 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. If we agree with your request, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply. However, we are not required to honor a restriction that you request, except in limited circumstances (see payment clause). If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.

Inspection and Copies. You have the right to inspect and obtain a copy of your PHI, including patient medical records and billing records. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administration action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. You must submit your request in writing to Maria D'Estrada, office manager in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

Amendment: You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us. If we disagree, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices at any time.

Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." This is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint, contact our office manager, who acts as our HIPAA Compliance Officer. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

This notice was published and became effective on/or before April 14, 2003 and was revised as of September 23, 2013.

It is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post a copy and you may request a written copy of the revised Notice of Privacy Practice from our office. If you feel that your protections have been violated by our office, you have the right to file a formal, written complaint with the practice and with the department of Health and Human Services, Office of Civil Rights. You may contact the Practice HIPAA Compliance Officer Maria D'Estrada at 914-967-2153 for more information, in person or in writing.

We are required by law to maintain the privacy of individuals and provide them with this notice of our legal duties and privacy practices with respect to protect health information. We are also required by law to have you sign an acknowledgement that you received a copy of our NOTICE OF PRIVACY PRACTICES. We thank you in advance for your cooperation in helping us satisfy these legal HIPAA requirements.