

HIPAA Regulations

WHO WILL FOLLOW THIS NOTICE

This notice describes our office practices and that of all the employees and physicians of Endocrinology, Diabetes & Metabolism, NY P.C.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that the medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at your office and while being treated by our physician at the Hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the staff of Endocrinology, Diabetes & Metabolism, NY P.C. This notice will inform you about the ways in which we may use and disclose medical information about you.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of your legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about our services to you so that they can reimburse us. We also may disclose information to your health plan about services you are going to receive to obtain prior approval.
- **For Health Care Operations.** We may disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care.
- **Appointment Reminders.** We may use and disclose medical information to contact you as Endocrinology, Diabetes & Metabolism, NY P.C.

- **Treatment Alternative.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits and Services.** We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give medical information to someone who helps pay for your care.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the office. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by the military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers Compensation.** We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;

- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness or missing person; obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the office; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials or intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persona or foreign heads of state or conduct special investigations.
- **Security Clearances.** We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.
- **Inmates.** If you are an intimate of a correctional institution or under the custody of a law enforcement official we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary:
 - For the institution to provide you with health care;
 - To protect you health and safety or the health and safety of others; or

- For the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
- To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to:

Sonia A. Talwar, M.D.
Endocrinology, Diabetes & Metabolism, NY P.C.
1097 Old Country Road, Suite 102, Plainview, NY 11803
Ph. : 516-931-1007, Fax : 516-931-1008

Attention: Medical Records

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may also deny a request for access to protected health information if:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person;
- The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person;
- The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long the information is kept by or for the office.

To request an amendment, your request must be made in writing and **submitted to the attention of Sonia A. Talwar, M.D.** at
Endocrinology, Diabetes & Metabolism, NY P.C.
1097 Old Country Road, Suite 102, Plainview, NY 11803

Ph. : 516-931-1007, Fax : 516-931-1008

In addition you must supply a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an accounting of disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list of accounting of disclosures, you must submit your request in writing to:

Sonia A. Talwar, M.D.
Endocrinology, Diabetes & Metabolism, NY P.C.
1097 Old Country Road, Suite 102, Plainview, NY 11803
Ph. : 516-931-1007, Fax : 516-931-1008

Your request must state a time period, which may not be longer than six years and may not include dates before June 1, 2006. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You may also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

Sonia A. Talwar, M.D.
Endocrinology, Diabetes & Metabolism, NY P.C.
1097 Old Country Road, Suite 102, Plainview, NY 11803
Ph. : 516-931-1007, Fax : 516-931-1008

In your request you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply, for example, disclosures to your spouse

Right To Request confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make request in writing to:

Sonia A. Talwar, M.D.
Endocrinology, Diabetes & Metabolism, NY P.C.
1097 Old Country Road, Suite 102, Plainview, NY 11803
Ph. : 516-931-1007, Fax : 516-931-1008

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time at our offices.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our offices. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at the office, we will offer you a copy of the current notice in our offices. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at the office, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the secretary of health and human services. To file a complaint with the practice, contact -

Sonia A. Talwar, M.D.
Endocrinology, Diabetes & Metabolism, NY P.C.
1097 Old Country Road, Suite 102, Plainview, NY 11803
Ph. : 516-931-1007, Fax : 516-931-1008

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission, if you provide us permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.