NOTICE OF PRIVACY PRACTICES
Effective Date: April 14, 2003 Last Modified: 7/23/2013

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.

We are required by law to protect the privacy of your health information. We also want to provide you with services and information in a respectful and confidential manner. Therefore, we need to provide you with this Notice of Privacy Practices, which explains how medical information about you may be used and disclosed and how you can get access to this information. We will make a good faith effort to maintain the privacy of your health information. We use or disclose your health information as described in this notice. This notice explains your rights concerning your health information and how you may exercise those rights. We are required to abide by the terms of the notice in effect at the time we receive your health information.

WHAT HEALTH INFORMATION IS PROTECTED?
We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information include information indicating that you are a patient of our medical group or receiving health-related services from our facilities, information about your health condition, genetic information, information about your health care benefits under an insurance plan, and certain other information when combined with identifying information, such as your name, address, social security number or phone number.

REQUIREMENT FOR WRITTEN AUTHORIZATION
Generally, we will obtain your written authorization before using your health information or sharing it with others outside of our medical group. However, there are situations in which we may use or disclose your health information without your written authorization, including:

Most Uses of Psychotherapy Notes, when appropriate. Marketing. We may disclose any of your health information for purposes of marketing. However, we will only do so if you have given us written permission. This written permission may be financial payment not reasonably related to our medical group's cost of making the communication.

Sale of Protected Health Information. We will not sell your protected health information without your authorization in writing.

PROVIDING YOUR HEALTH INFORMATION: HOW IT MAY BE USED AND DISCLOSED

In order to provide high-quality care to you, we need to use and disclose information about you. The privacy notice describes the ways we may use and disclose your health information. You should read the notice carefully and ask us any questions you may have about the notice.

Additional uses and disclosures.

1. Treatment, Payment and Health Care Operations.
Treatment. We may share your health information with providers at the medical group who are involved in taking care of you, and they may use it in turn use that information to diagnose or treat you. A provider in our medical group may share your health information with another provider to carry out your health care diagnosis or treatment. Your public health officials may also share your health information with another provider to whom you have been referred for further health care.

Payment. We may use your health information or share it with others so that we may bill or collect payment for the health care services we provide. For example, we may share information about you with your health insurance company to get paid for the health care services you receive. We may share information about you with your health insurance company to get paid for the health insurance services you have with them.

Health Care Operations. We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you or to educate our staff on how to improve the care they provide for you.

In the course of providing treatment to you, your medical group may also use your health information to plan your care and to let you know about options for treatment, services or referrals that are recommended or available. We may also use your health information to plan and conduct quality assessment and improvement efforts carried out by our business operations.

3. Business Associates. We may disclose your health information to contractors, agents and other "business associates" who need the information in order to perform tasks for us. These arrangements are designed to protect the privacy of your health information. We will require that our business associates agree to safeguard the privacy of your health information.

Law Enforcement.

We may disclose your health information to law enforcement officials as required by law to report crimes.

Inmates and Correctional Institutions.

If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to prison officers or law enforcement officers if necessary to provide you with health care, to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers’ Compensation.

We may disclose your health information for workers’ compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners and Funeral Directors.

In the event of your death, we may disclose your health information to a coroner, medical examiner or funeral director.

Organ and Tissue Donation.

In the event of your death or impending death, we may disclose your health information to an organ procurement organization or a tissue bank in an effort to prevent organ failure or tissue loss.


We may use or disclose your demographic information, including, name, address, other contact information, age, gender, occupation, insurance information, employer identification number and department of service information, treating physician, outcome information, and health insurance status for fundraising purposes. With each use or disclosure, you will have the opportunity to opt-out of receiving any further fundraising communications. If you opt-out, you may elect to opt back in to receive such communications if you choose to do so.

10. Changes to This Notice.

We reserve the right to change this notice at any time and to make the revised or changed notice effective for all the protected health information already held by us and to be held in the future. Any change to this notice will be made in writing.

National Security and Intelligence Activities or Protective Services. We may disclose your health information to unauthorized officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans.

If you are in the Armed Forces, we may disclose your health information as required by law to forward your health information to your next of kin or to a superior military authority.

In the event of your death or impending death, we may disclose your health information to a coroner, medical examiner or funeral director.

Inmates and Correctional Institutions.

If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to prison officers or law enforcement officers if necessary to provide you with health care, to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

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YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights to access and control your health information:

1. Right to Inspect and Copy Records. You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records, including medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. If you would like an electronic copy of your health information, we will provide you a copy in electronic form and format as requested as long as we can readily produce such information in the form requested. Otherwise, we will cooperate with you to provide a readable electronic form and format as agreed. In some limited circumstances, we may deny the request.

2. Right to Amend Records. If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records by writing to us. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in any communication to others about your health information. However, we may still use and disclose the information as it was originally recorded.

3. Right to an Accounting of Disclosures. You have a right to request an "accounting of disclosures," which is a list with information about how we have shared your health information with others. To obtain a request form for an accounting of disclosures, please write to the Privacy Officer. You have a right to receive one list every 12-month period for free. However, we may charge you for the cost of providing any additional lists in that same 12-month period.

4. Right to Receive Notification of a Breach. You have the right to be notified within sixty (60) days of the discovery of a breach of your unsecured protected health information if there is more than a low probability the information has been compromised. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches and contact procedures to answer your questions.

5. Right to Request Restrictions. You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, run our normal business operations or disclose information about you to family or friends involved in your care. You also have the right to request that your health information not be disclosed to a health plan if you have paid for the services out of pocket and in full, and the disclosure is not otherwise required by law. The request for restriction is only applicable to that particular service. You will have to request a restriction for each service thereafter. To request restrictions, please write to the Privacy Officer. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so.

6. Right to Request Confidential Communications. You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home, by notifying the registration associate who is assisting you. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

7. Right to Have Someone Act on Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

8. Right to Obtain a Copy of Notices. If you are receiving this Notice electronically, you have the right to a paper copy of this Notice. We may change our privacy practices from time to time. If we do, we will revise this Notice and post any revised Notice in our registration area and on our website.

9. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us by calling the Privacy Officer at (518) 438-7638, or with the Secretary of the Department of Health and Human Services. We will not withhold treatment or take action against you for filing a complaint.

10. Use and Disclosures Where Special Protections May Apply. Some kinds of information, such as HIV-related information, alcohol and substance abuse treatment information, mental health information, psychotherapy information, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about how we handle this type of information, please speak with your health care provider.