

**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.**

The medical practice of Myrtle Street Obstetrics & Gynecology, PC is required by law to protect the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at our practice, please contact:

**Our Privacy Officer – (518) 587-2400**

**Effective Date of This Notice: 4/14/03, (Rev. 9/13)**

**I. How Our Practice May Use or Disclose Your Health Information**

We collect health information from you and store it in a computer. This is your electronic medical record. The medical record is the property of Myrtle Street Obstetrics & Gynecology, PC, but the information in the medical record belongs to you. Our practice protects the privacy of your health information. The law permits us to use or disclose your protected health information (PHI) for the following purposes:

- 1. Treatment.** We use and disclose PHI to provide treatment and other healthcare services to you, for example to treat your illness or injury. If another physician or provider is treating you, we may discuss your case in order to coordinate care between us. The kinds of health care information we may disclose about you in such circumstances could include your diagnosis, x-ray reports, lab results, etc.
- 2. Payment.** We may use and disclose PHI to obtain reimbursement for services we provide to you. For example, we may make disclosures to claim and obtain payment from your health insurer, HMO or other company (Your Payor) that arranges or pays the cost of some or all of your health care and to verify that your payor will pay for your care. We may disclose diagnostic and treatment details to your insurance provider in order to obtain payment for services rendered. You should be aware that if you are not the policy holder, certain information may be disclosed to the policy holder by your insurer.
- 3. Health Care Operations.** We may use and disclose your PHI to conduct our normal business operations. For example, people who conduct quality assurance reviews to ensure that high standards of care are being maintained may randomly inspect your medical records. We may also share your health information with another company that performs business services for us. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.
- 4. Appointment Reminders.** We may contact you with a reminder that you have an appointment for treatment or services at our office.
- 5. Notification and communication with family.** We may disclose your health information to notify or assist in notifying a family member, other relatives, a close personal friend or your personal representative (someone designated by you to act on your behalf in making healthcare decisions) of your location and general condition. If you are able and available to agree or object, we will give you the opportunity to object prior to making this disclosure. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
- 6. Required by law.** As required by law, we may use and disclose your health information.
- 7. Public health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- 8. Health oversight activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspection, licensure and other proceedings.
- 9. Judicial and administrative proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
- 10. Law enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
- 11. Deceased person information.** We may disclose your health information to coroners, medical examiners and funeral directors.
- 12. Organ donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
- 13. Research.** We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or our practice's privacy committee.
- 14. Inmates.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers if necessary to provide you with healthcare, or 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.
- 15. Public Safety.** We may 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.

16. **Worker's compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.
17. **Treatment Alternatives.** We may contact you to provide information about other treatments or health-related benefits and services that may be of interest to you.
18. **Change of Ownership.** In the event that Myrtle Street Obstetrics & Gynecology, PC is sold or merged with another organization, your health information/record will become the property of the new owner.

## **II. When Our Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, our practice will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Our Practice is not required to agree to the restriction that you requested, but will make a reasonable attempt to accommodate your request.
2. You have the right to receive your health information through a reasonable alternative means of communication or location, and, we will accommodate any reasonable written request. If you would like to make a request, please submit it in writing to our privacy officer.
3. You have the right to inspect and copy your health information. If you desire access, please submit a request in writing to our privacy officer. Under limited circumstances, we may deny you access to a portion of your record. If you request copies, we will charge \$.75 for each page, or \$100.00 for the entire record, whichever is less, as permitted by NYS law. (You should note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you including records relating to pregnancy, abortion, sexually transmitted diseases, substance use and abuse and contraceptive and family planning services.) You may also request a copy of your medical record in an electronic form.
4. You have the right to request that we amend your health information that is incorrect or incomplete. While we are not required to change your information, we will provide you with information about any denial or disagreement that we have with your request, and how you can disagree with our denial. If you desire to amend your information, please submit a request in writing to our privacy officer.
5. You have the right to receive an accounting of disclosures of your health information made by us. We do not have to account for the disclosures described in part 1 (treatment), 2 (payment), 3(health care operations), 4 (information provided to you), of section I of this Notice of Privacy Practices. Upon your written request, we will provide you with an accounting of all other disclosures.
6. You have the right to a paper copy of this Notice of Privacy Practices.
7. You have the right to be notified of a breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of your unsecured PHI.
8. You have the right to request a restriction in our use of disclosure of your PHI to a health plan where the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. We are required to agree to your request, except where we are required by law to make a disclosure.

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: Privacy Officer at (518) 587-2400

### **1. Changes to this Notice of Privacy Practices**

Myrtle Street Obstetrics & Gynecology, PC reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, we are required by law to comply with this Notice. If we make a change, we will post the new notice in waiting areas within the practice.

### **2. Complaints**

Complaints about this Notice of Privacy Practices or how our practice handles your health information should be directed to: Myrtle Street Obstetrics & Gynecology, PC, Privacy Officer, 59 Myrtle St., Saratoga Springs, NY 12866, (518) 587-2400.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint online to [OCRcomplaint@hhs.gov](mailto:OCRcomplaint@hhs.gov) or in writing to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>