

The Health Information Portability and Accountability Act requires us to keep your medical information private, give you this notice, have you sign to acknowledge that you have been provided with this notice, and follow the terms of our privacy practices currently in effect. We have the right to change our privacy practices at any time, if the changes are permitted by law. Changes in our privacy practices will be effective for all medical information including that created or received before the changes. Changes in our privacy practices, will be made available on our website and provide to you on paper. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. You may revoke your authorization at any time by writing to us at the address below.

**Treatment**

We may disclose medical information about you to doctors, nurses, technicians, home care providers, and other health care providers who are taking care of you if they need the information to assist them in treating you.

Special protection for disclosure of health information about genetic testing, HIV testing, substance abuse and treatment, mental health diagnosis and treatment, psychotherapy notes. Your written authorization will be required to disclose these types of information.

**Payment**

We may use and disclose your medical information to obtain payment for our services, help other providers obtain payment for their services or assist you in obtaining reimbursement from health insurance.

**Operations**

We may use and disclose your medical information for our own business operations such as measuring and improving quality, evaluating our performance, conducting training programs, and getting accreditation, certificates, licenses and credentials.

**Individuals Involved in Your Care or Payment for Your Care**

Unless you object, we will share information about your location, general condition, or death to a family member, or persons responsible for your care or payment for your care if that information directly relates to that person's involvement in your care. If you are unable to agree or object to this disclosure, we will share only the health information necessary for your health care, based on our professional judgment.

**Disaster Relief**

Unless you object, we will share medical information disaster relief organizations to coordinate your care or notify family and friends of your location and condition in a disaster. If you are unable to agree or object to this disclosure, we will share only the health information necessary for your health care, based on our professional judgment.

**Research**

We will share medical information for research purposes where the research has been approved by a review board that has approved the research proposal and established protocols to ensure the privacy of medical information or uses a process where you can not be identified.

**After Death**

We may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization if you are a designated organ or tissue donor.

**Military and Veterans**

If you are a member of the military or foreign military, we may disclose your health information as required by military command authorities.

**Protection of the President and National Security**

We may disclose your health information to authorized federal officials so they may provide protection to the President, or other authorized foreign heads of state or to conduct special investigations, and other national security activities authorized by law.

**Legal Investigations**

We may disclose medical information in response to a court order, warrant or administrative order, subpoena, discovery request, or other lawful process. We may share limited medical information with a law enforcement concerning a suspect, fugitive, material witness, death suspected of being the result of criminal conduct, crime victim or missing person. We may share the medical information of an inmate or person in lawful custody with a law enforcement official or correctional institution if necessary to provide health care or maintain safety and security of others. We may report information concerning identification and location regarding suspected victims of crimes at the request of a law enforcement officials including crimes in emergency circumstances.

**Public Health**

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements. When we are authorized by law, we may notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

We may disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements. When we are authorized by law, we may notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

We may disclose medical information to appropriate authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes, if it is necessary to prevent a serious threat to the health or safety of you or others, or to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

**Worker's Compensation**

We may disclose health information when authorized and necessary to comply with laws relating to worker's compensation.

### **Healthcare Oversight**

We may disclose medical information to an agency providing health oversight activities authorized by law, including audits, government programs, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions.

### **Business Associates**

We may disclose your medical information to business associates only if they need the information to assist carrying out our business operations. If this is the case, we will have a contract to ensure confidentiality of your health information.

### **You have a Right to the Following**

#### **Inspect and Copy**

You have the right to get copies of your medical information or have your records sent to another person or organization within 30 days of receiving your valid request. You must use the OCA960 medical records release available on our website, or by verbal or written request. We may charge \$0.75 for each page, and postage if you want the copies mailed to you. If the records requested are greater than 10 pages, they will be given to you as PDF on external data media. Records of less than 10 pages may be printed to paper at your request. Summary records of less than 3 pages are provided without charge either on paper or PDF.

#### **Accounting of Disclosures**

You have the right to receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to additional restrictions, but if we do, exceptions will be made in the case of an emergency.

#### **Confidential Communication**

You have the right to request that we communicate with you about your medical information by a specific means or at a specific location.

#### **Amend**

You have the right to request that we change your medical information. We may deny your request if we did not create the information you want changed or for other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in future sharing of that information.

#### **Additional Restrictions**

You have the right to request in writing additional restrictions on disclosures of protected health information for treatment, collection of payment, or our business purposes.

#### **Notified of Breach of Privacy**

We may use or disclose your protected health information to provide legally required notification of unauthorized access or disclosure of your health information.

You have the right to receive this notice electronically, or on paper. It can be found on [comprehensivegeriatriccare.org](http://comprehensivegeriatriccare.org)

**COMPREHENSIVE GERIATRIC CARE, P.C.**  
**NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE: 10/31/13**

**CONTACT and QUESTIONS**

For questions about this privacy notice or if you think that we may have violated your privacy rights, please contact us.

Comprehensive Geriatric Care  
3684 Broadway New York, NY 10031

**COMPLAINTS**

You may submit a complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint. We will not retaliate in any way if you choose to file a complaint.

[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312  
New York, NY 10278