

# NOTICE OF PRIVACY PRACTICES

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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.

Mitchell D. Kaye, M.D., P.S.C. is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

This Notice describes how we may use or disclose your “protected health information” for various purposes. It also describes your rights to access and control your protected health information. “Protected health information” is information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health services.

Mitchell D. Kaye, M.D., P.S.C. (“Practice”) is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain. Upon your request, we will provide you with any revised Notice of Privacy Practices by mail or at your next visit to our office.

Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations.

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our Practice that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to request reimbursement for your treatment and to support the operation and business activities of this Practice.

Following are examples of the types of uses and disclosure of your protected health care information that the Practice is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your protected health information 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 that has already obtained your permission to have access to your protected health information. For example, we may disclose your protected health information to other physicians who may be treating you so as to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information may be used, as needed, to obtain payment for your health care services. For example, this may include getting approvals required by your health insurance company, such as, determining eligibility for benefits and deciding whether services are medically necessary.

**Healthcare Operations:** We may use or disclose your protected health information, as needed, to operate our business. These activities might include such things as reviewing employee performance, getting legal or financial advice, or calling to remind you of an appointment. We may also use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your treating physician. In addition, we may also call you by name in the waiting room when your provider is ready to see you.

We may share your protected health information with people outside our Practice who do such things as billing or transcription services for

us. If so, we will have a written contract with them which protects the privacy of your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Official to request that these materials not be sent to you.

## Uses and Disclosures That May Be Made Unless You Object

Unless you object, we may also use and disclose your Protected Health Information in circumstances in which you are either not present or able to agree to the use or disclosure. For example, we may disclose to a member of your family, a relative, a close friend or any other person you identify, medical information that directly relates to the person’s involvement in your health care. If you are unable to object, we will use our professional judgment and only disclose relevant information that is in your best interest. We may also use or disclose your protected health information to help notify a family member, personal representative, or any other person responsible for your care, of your location and general condition. Finally, on rare occasions we may use or disclose your protected health information to authorities to assist in disaster relief.

## Disclosures That May Be Made Without Your Authorization Or Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or

disability.

**Communicable Diseases:** We may disclose your protected health information, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure or disciplinary actions. Oversight agencies seeking this information include government agencies that oversee the health care system and government benefit programs, such as Medicare and Medicaid.

**Abuse or Neglect:** We may disclose, to the extent required by law, your protected health information to public officials who are authorized by law to receive reports of abuse, neglect or domestic violence.

**Food and Drug Administration:** We may disclose your protected health information as required by the Food and Drug Administration to report adverse events and product defects or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information for law enforcement purposes. These law enforcement purposes include, but are not limited to: (1) requests for information pursuant to court orders and subpoenas, (2) requests for limited information to identify and locate a suspect, material witness, or missing person, (3) requests pertaining to victims of a crime, and (4) alerting law enforcement officials when (a) there is suspicion that death has occurred as result of criminal conduct, (b) in the event that a crime occurs on the Practice’s premises, or (c) a medical emergency exists (not on the Practice’s premises) and it is likely that a crime has occurred.

**Coroners, Medical Directors, Funeral Directors, and Organ Donation:** We may disclose protected

health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Your Protected health information may also be used and disclosed to facilitate organ, eye or tissue donation and transplantation.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Threatening Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities permitted by law.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized and to the extent necessary to comply with workers' compensation laws.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the authorities. This release would be necessary: (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy

standards applicable to your protected health information.

#### Uses and Disclosures That May Be Made With Your Written Authorization

Other uses and disclosures of your protected health information (not specifically described above) will be made only with your written authorization. You may revoke such an authorization, at any time, in writing, except to the extent that your physician or the Practice has taken an action in reliance on the use or disclosure indicated in the authorization.

#### Your Rights Regarding Your Protected Health Information

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Right to Inspect and Copy:** You have a limited right to inspect and to obtain a copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a legal proceeding; and protected health information that is subject to other law that prohibits your access to protected health information. We may also limit your access to such information under other circumstances; however, in some cases you may request an appeal of a decision to deny access. Please contact our Privacy Official if you have questions about this right.

**Right to Request Restrictions:** You have the right to request a restriction on our use or disclosure of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or other routine business uses. 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 or for notification purposes as described in this Notice. A written request is required and must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician does

agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting our Privacy Official and completing necessary paperwork.

**Right to Request Confidential Communications:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Official.

**Right to Request Amendment:** You have a limited right to have your physician amend protected health information about you in certain records for as long as we maintain this information. In some cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Official to determine if you have questions about amending your medical record.

#### **Right to Receive Accounting:**

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices, as well as disclosures made pursuant to your authorization. It also excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

#### **Right to Copy of Notice:**

You have the right to obtain a paper copy of this Notice from us, upon request.

#### Making a Complaint

You may complain to us or to the Secretary of Health and Human Services if you believe your

privacy rights have been violated by us. You may file a written complaint with us by notifying our Privacy Official at the address listed below. We will not retaliate against you for filing a complaint.

#### Privacy Official

You may contact our Privacy Official at the address listed below for further detail about the information contained herein, as well as the complaint process.

The following forms will be made available to you upon request:

- Request to Inspect and Copy Protected Health Information
- Request to Restrict Protected Health Information
- Request for Amendment of Protected Health Information
- Request for Accounting of Protected Health Information
- Privacy Concern Questionnaire

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