

**NOTICE OF PRIVACY POLICIES FOR
JULIE NATHAN, Ph.D.**

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A copy of the comprehensive “notice of Privacy Practices” is available upon request.

Please complete the “Acknowledgement of Receipt of Notice of Privacy Practices” and submit to Dr. Nathan.

Thank you.

SUMMARY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

I am committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information I collect, and how and when I use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who may contribute to your care,
- Legal document describing the care you received
- Means by which you can verify that services billed were actually provided,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A tool with which I can assess and continually work to improve the care I render and the outcomes achieved.

Understanding what is in your record and how your health information is used helps you to: ensure accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is my physical property, the information belongs to you. You have a right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

MY RESPONSIBILITIES

I am required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

I reserve the right to change my practices and to make the new provisions effective for all protected health information I maintain. Should my information practices change, I will mail a revised notice to the address you have supplied me, or if you agree, I will email the revised notice to you.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue to use or disclose your health information after I have received a written revocation of the authorization according to the procedures included in this authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Julie Nathan, Ph.D., at 212-946-1302.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
US Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza – Suite 3312
New York, NY 10278
Email: OCRComplaint@hhs.gov

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

I will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthy care team will be recorded in your record and used to determine the course of treatment that should work best for you. I will document in your record my expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, I will know how you are responding to treatment.

I will also provide your other physicians or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

I will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

I will use your health information for regular health operations.

Business associates: There are some services provided through contacts with business associates. Examples include an Office Manager and certain laboratory tests. When these services are contracted, I may disclose your health information to my business associate so that they can perform the job I have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, I require the business associate to appropriately safeguard your information.

Notification: I may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Funeral directors: I may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement companies: Consistent with applicable law, I may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): I may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: I may disclose health information to the extent authorized by and to the extent necessary to comply with law relating to workers compensation or other similar programs established by law.

Public Health: As required by law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: I may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that I have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.