

**MILITARY AND VETERANS:** If you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**DISASTER RECOVERY EFFORTS:** When permitted by the law, we may coordinate our uses and disclosures of protected health information with public entities authorized by law or by charter to assist in disaster relief efforts.

**INCIDENTAL DISCLOSURES:** Subject to applicable law, we may make incidental uses and disclosures to protected health information. Incidental uses and disclosures are by-protected or otherwise permitted uses and disclosures which are limited in nature and cannot be reasonably prevented.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may release information to a Funeral Director, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

**ORGAN AND TISSUE DONATION:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**RESEARCH:** We may use and disclose health information about you for research projects that are subject to a special approval process and the requirements of applicable law.

**FAMILY AND FRIENDS:** We may disclose to your family members or friends health information about you which is directly relevant to their involvement in your care or payment for your care, if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family and friends if we can infer from the circumstances, based on our professional judgement that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgement, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgement and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up your health information or records, for example, X-rays. Additionally, we may use or disclose your protected health information to notify or assist in the notification of family member or friend responsible for your care or your location, general condition or death.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:** We will not use or disclose your health information for any purpose other than identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, except to the extent that we have already taken action in reliance on your authorization. If we have HIV or substance abuse information about you, we cannot release the information without a special signed, written authorization (different than the Authorization) from you. In order to disclose these types of records for purposes of treatment, payment and health care operations, we will have a special written authorization that complies with the law governing HIV or substance abuse records, when required by applicable law.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

**Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records for as long as we maintain that information. You must submit a written request to your physician in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying as approved by state law. We may deny your request to inspect and/or copy in certain limited circumstances. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**Right to Amend:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete the submit a Medical Record Amendment/Correction Form to the Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that :

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy the record at issue.
- d) Is accurate and complete.

**Right to Accounting of Disclosures:** You have the right to request an "accounting of disclosures" This is a list of certain limited disclosures we made of medical information about you for purposes other than treatment, payment or health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs of providing the list, but you may request one free accounting per year. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment and health care operations. We are Not Required To Agree to Your Request: If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you may complete and submit the Request For Restriction On Use/Disclosure Of Medical Information and/or Confidential Communication Form to the Privacy Officer.

**Right To Request Confidential Communications:** You have the right to reasonable request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To make such a request, you may complete and submit the Request For Restriction On Use/Disclosure Of Medical Information And/or Confidential Communication to the Privacy Officer. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have the right to request a paper copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, please contact our Privacy Officer.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer at (718) 624-0222. We will not retaliate against you for filing a complaint.