

DANIEL S. ARICK, M.D., F.A.C.S.
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. If you have any questions about this notice, please contact Janet Gambardella or Carolyn Moriello, Privacy Officers - at 450 Clinton Street, Brooklyn, New York 11231 (718) 624-0222 or (212) 608-0700.

WHO WILL FOLLOW THIS NOTICE

This notice describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required by law to maintain the privacy of your protected health information and to give you this notice stating our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our notice at any time. A revised notice will be effective for all protected health information that we maintain. A revised Notice of Privacy Practices will be made available to you either by contacting our officer and requesting one be sent to you in the mail, or asking for one at the time of your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: We may use and disclose your protected health information to provide, coordinate or manage your medical treatment and related services. We may disclose health information about you to doctors, nurses, technicians, office staff and other personnel who are involved in taking care of you and your health. For example, different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering CAT scans. Other health care providers may be part of your medical care outside this office and may require information about you that we may have.

FOR PAYMENT: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information about you in order to run the office and make sure that you and you other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

APPOINTMENT REMINDERS: We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

TREATMENT ALTERNATIVES AND HEALTH-RELATED PRODUCTS AND SERVICES: We may tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may use your name and address to send you a brochure about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you.

SPECIAL SITUATIONS: We may use or disclose health information about you without your permission for the following purposes: subject to all applicable legal requirements and limitations.

REQUIRE BY LAW: We will disclose health information about you when required to do so by federal, state or local law.

PUBLIC HEALTH ACTIVITIES: We may disclose health information about you for public health activities, including disclosures:

- to prevent or control diseases, injury or disability;
- to report birth and deaths;
- to report child abuse or neglect;
- to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities of FDA-regulated products or services and to report reactions to medications or problems with products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: Subject to applicable law, we may use and disclose health information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. We may also use and disclose your health information if necessary for law enforcement authorities to identify or apprehend an individual.

HEALTH OVERSIGHT ACTIVITIES: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care state and federal programs, and compliance with civil rights laws or other legal or regulatory requirements.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena or other legal process.

SPECIALIZED GOVERNMENTAL FUNCTIONS: In certain circumstances, we may be required to disclose information about you to authorized governmental agencies for national security activities or for protective services for the President or other authorized persons.

WORKER'S COMPENSATION: We may release health information about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

LAW ENFORCEMENT: We may release health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime under certain limited circumstances;
- about a death we believe may be the result of criminal conduct;
- in emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.