



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.

You may obtain a copy of this or a revision of this Notice of Privacy Practices by accessing our website at www.warwickpediatrics.com or by requesting a copy at the time of your appointment.

If you have any questions about this notice please contact our office at (845) 987-7800.

Your health information is important and confidential. "protected Health Information" is information about you including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We follow protocols to assure the security and confidentiality of this information. Access to your information is limited to those who need it to perform their job.

PERMISSION DESCRIBED IN THIS NOTICE

A "general written consent" must be obtained from you in order to use and disclose your health information to treat you, obtain payment for that treatment and conduct our regular health center operations. We obtain this consent the first time we provide you with treatment or services. It does not have to be repeated each time we provide treatment or services to you. It takes effective immediately and remains in effect unless revoked in writing.

- **Treatment** – We may share your health information with doctors or nurses who are involved in treating you within Warwick Pediatrics, at the hospital or with another doctor to whom you have been referred for further care.
- **Payment** - We may use your health information or disclose it to others (such as your insurance company) to obtain reimbursement after we have treated you or to determine whether it will cover your treatment.
- **Regular Health Center operations** - We may use your health information or disclose it to others to conduct our regular health center operations. For instance, we may disclose your health information to contractors, agents or other **business associates** in carrying out our business operations. Examples are the billing company, diagnostic service providers, and an accounting or law firm that provides professional advice. We have written contracts with our business associates to ensure that they also protect the privacy of your health information. Additionally, if you do not object, we may share your health information with a **family member, relative or close friend** who is involved in your care or payment for that care. We may also notify a family member, personal representative, or another responsible for your care about your general condition. Furthermore, we may use and disclose your health information to contact you and to **remind you of an appointment.**

Right to Revoke - You may revoke your general written consent at any time except to the extent that action has already been taken. For example, if we provide you with treatment before you revoke your general written consent, we may still share your health information with your insurance company to obtain payment for your treatment. To revoke your general written consent, please contact our office at (845) 987-7800.

Special Circumstances When We May Disclose Your Health Information

Emergencies or Public Need - We may use or disclose your health information in an emergency or for important public needs such as national security to protect the President or other officials.

Public Health - We may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of maintaining vital records, such as births and deaths; reporting child or adult abuse or neglect, reporting communicable diseases or reactions to drugs or problems with products or devices (FDA).

Health Oversight Activities - We may release your information to government agencies authorized to conduct audits, investigations and inspections of our facility.

Legal Proceedings - We may disclose your health information in response to a court administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your health information in response to subpoena, but only if we have made an effort to inform you if the request.

Law Enforcement – We may disclose your health information to law enforcement officials for compliance with court orders or laws that we are required to follow, to assist law enforcement officers, or if you have been a victim of a crime.

Workers' Compensation – Our practice may release your health information for workers' compensation and similar programs that provide benefits for work-related injuries.

Deceased Patients – Our practice may release to a medical examiner, coroner or funeral director.

Organ and Tissue Donation – Our practice may release your health information to organizations that handle organ donation and transplantation.

Research - We may use and disclose your health information for research purposes in certain limited circumstances.

Military – We may disclose your health information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

Inmates – Our practice may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under custody of a law enforcement official.

A “**written authorization**” provides us with detailed information about the persons who you authorize to receive your health information and the specific purposes for which your health information may be used or disclosed. A written authorization has an expiration date.

A special release form is required for mental health record release and a new York State form is required for substance abuse related information.

You may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke written authorization, please contact our office.

Warwick Pediatrics will obtain your written authorization for uses and disclosures that are not identified by this notice (as listed above) or permitted by applicable law.

YOUR HEALTH INFORMATION RIGHTS

Requests for the following are to be submitted **in writing** to our office.

- You have the right to request to inspect and/or obtain a copy of your health information
- You have the right to request that we amend your health information if you believe that is inaccurate or incomplete.
- You have the right to receive an accounting that identifies persons or organizations to whom we have disclosed your health information.
- You have the right to request that we contact you in a way that is more confidential for you, such as at home instead of at work or to restrict release of your information. We will try to accommodate all reasonable requests.
- You have the right to request restrictions on certain uses and disclosures of your health information.
- You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians generally have the right to control the minor's health information unless the minors are permitted by law to act on their own behalf.

File a Complaint – If you believe your privacy rights have been violated, you may file a complaint with our Office Manager, 3 Saint Stephens Lane, Suite 3, Warwick, NY 10990 (845) 987-7800 or with the Secretary of the Department of health and Human Services.

No one will retaliate or take action against you for filing a complaint.