

Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully!

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of uses of your health information for treatment purposes:

A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

Example of use of your health information for payment purposes:

We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical (dental) care given. We will provide appropriate information to them about you and the care given.

Example of use of your information for Health Care Operations:

Your Health Information Rights

The health record we maintain and billing records are the physical property of our practice. The information in it, however, belongs to you. You have a right to:

Ask someone who has medical power of attorney or your legal guardian, to exercise your rights and make choices about your health information.

Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted.

Request a restriction on disclosures of medical/dental information to a health plan for purposes of carrying out payment or health care operations; and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full—we must comply with this request.

Request you be allowed to inspect your health care record and billing record—you may exercise this right by delivering the request in writing to our office; Obtain a copy of your paper or electronic record.

Appeal a denial of access to your protected health information except in certain circumstances.

Request at your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office.

File a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.

Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.

Request that communication of your health information be made by alternative means or an alternative location by delivering the request in writing to our office and elect to opt out of receiving further communications to raise funds for the practice.

Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Dr. Scott Noren or staff at (607) 273-0327 or at 1301 Trumansburg Road Ste G Ithaca, NY, 14850, in person or in writing, during normal business hours. They will provide you with assistance with the steps to take to exercise your rights.

Our Responsibilities

The practice is required to:

Maintain the privacy of your health information as required by law.

Provide you with a notice of our duties in privacy practices as to the information we collect and maintain about you.

Abide by the terms of this Notice.

Notify you if we cannot accommodate a requested restriction or request.

Accommodate your reasonable request regarding methods to communicate health information with you.

We will never share your information (for marketing purposes, sale of your information, sharing of psychotherapy notes) without your written permission, and notify you if you are affected by a breach of unsecured PHI.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices, and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised

copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Dr. Scott Noren or staff at (607) 273-0327.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Dr. Scott Noren or Paula Porras. You may also file a complaint by mailing it to or filling out a form at the HHS website to the Secretary of Health and Human Services whose street address and website are:

Robert F. Kennedy, Jr. 200 Independence Ave, SW Washington, DC 20201 and website HHS.Gov

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

Other Disclosure and Uses

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with Family

Using our best judgement, we 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 in payment for such care if you do not object in an emergency.

Food and Drug Administration (FDA)

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers’ Compensation

If you are seeking compensation through Worker’s Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation.

Public Health

As required by law, we may disclose your protected health information to public health, or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse and Neglect

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in custody of law enforcement.

Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/ Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Other Uses

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

New HIPAA rules address substance use disorder records

Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

A new section of the Notice of Privacy Practices specifically addresses substance use disorder treatment information governed by Part 2. It explains the difference between records received through a general consent from the patient and records received under a specific consent. Part 2 records generally may not be used against a patient in legal proceedings without proper authorization or a qualifying court order.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

In general, we do not specifically ask for much of the above, but if it is included by your medical doctor in requests for medical history for example, it will be protected as above.

Website

If we maintain a website that provides information about our entity, this Notice will be on the website.

I, _____, hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this Notice.

Signed or esigned Name _____ Date _____

Electronic signature by checking this box ☐