

NOTICE OF PRIVACY PRACTICES FOR
HEMATOLOGY ONCOLOGY ASSOCIATES OF WESTERN
SUFFOLK, P.C.

*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.*

Understanding your medical record

Each time you visit our office, a record of your visit is made. Our office may also keep records relating to telephone and mail communications with you and with others involved with your healthcare. Typically, our records contain information regarding your symptoms, examinations and test results, diagnoses, treatment, and plans for future care and treatment. This information, often referred to as your medical record or health information, serves as a:

- Basis for planning your care and treatment
- Means of communicating among the healthcare professionals who contribute to your care.
- Means by which you or an insurer can verify billing information
- Tool for educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning
- Tool with which we can assess and work to improve the care we render and the outcomes we achieve.

Examples of how your health information may be used and disclosed for treatment, payment, and health operations

We will use your health information for treatment purposes.

For example, information about you obtained by a member of this office's healthcare team will be recorded in your record and will be shared by other members of this office's healthcare team who are involved in your care and treatment. If you are referred for testing, care or treatment to another healthcare professional, our office will provide that healthcare professional with information about you that should assist him or her in providing services to you.

We will use and disclose your health information for payment purposes.

For example, a bill may be sent to you or to an insurer/third-party payer. The information on or accompanying, the bill may include information that identifies you, as well as your diagnosis, test results, treatments, and attendant supplies.

We will use and disclose your health information for regular health operations.

The following are examples of how your health information may be used and disclosed for regular health operations:

- There are some services provided for and to our office through agreements with business associates. These may include transcription and copying services, billing services, office management services, and the services of professionals such as attorneys, accountants, and insurance agents. We may disclose your health information to our business associates so that they can perform their services. To protect your health information, we require our business associates to safeguard your health information appropriately.
- We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.
- Health professionals 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.
- To further medical science, we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- We may disclose health information to funeral directors consistent with applicable law to carry out their duties.
- Consistent with applicable law, we 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.

- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. If you are not home, we may leave a message for you to call us on your answering machine or with a family member.
- We may contact you as part of a fundraising campaign.
- We may disclose to the FDA health information concerning adverse events with respect to food, supplements, product, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Should you be inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.
- We may disclose health information for law enforcement purposes as required by law or in response to a subpoena.

Your health information rights

Your medical record is the physical property of our office. You do, however, have rights with respect to your health information. Subject to certain requirements and limitations set out in federal and state laws, you have the right to:

- Review this Notice of Privacy Practices
- Authorize uses and disclosures of health information for purposes other than treatment, payment and health operations
- Opt-out of disclosure of information to family members or others who may be assisting with your care
- Request restrictions on certain uses and disclosures of your health information (our office, however, is not required to agree to such restrictions)

- Receive confidential communications from this office if requested
- Obtain a written copy of this notice, upon request
- Inspect and copy your own health information
- Under certain circumstances, to appeal denial of access to your own health information
- Amend incorrect or incomplete health information, subject to certain limitations
- Refuse to have messages left on your answering machine or with family members. Please let us know if an alternative means of communication is necessary
- Obtain an accounting of disclosures of your health information, subject to certain limitations
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose your health information (except to the extent that action has already been taken)
- File a complaint with this office or with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated.
- File a complaint with this office or with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated

Our office's responsibilities

Subject to limitations set out in the Health Insurance Portability and Accountability Act (HIPAA) and other relevant laws, our office is required to:

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

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, you may request from us and obtain a revised notice.

For more information, to obtain a copy of your health information, to obtain an accounting of disclosures of your health information, to amend your health information, or to report a problem

If you believe your privacy rights have been violated, we encourage you to contact our privacy administrator at the telephone number or office address set for immediately, below. You can also file a complaint with the Secretary Of Health and Human Services. There will be no retaliation for filing a complaint.

If you have questions, wish to obtain a copy of your health information or an accounting of disclosures of your health information, wish to amend your health information, or would like additional information, you may contact our privacy administrator, Mary Puccio, M.D., at the following telephone number: (631)666-6752, or write to our office at 24 East Main Street, Bay Shore, N.Y 11706.