

**MEDICAL OFFICES
OF MANHATTAN**

NOTICE OF PRIVACY PRACTICES

This notice, REVISED as of JUNE 15, 2020, describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. If you have any questions, please contact the PRIVACY OFFICE AT 917-762-0563.

The Medical Offices of Manhattan (MOM) provide health care to patients jointly with physicians and other health care professionals. The privacy practices described in this notice will be followed by:

- Any health care professional who treats you at our offices at Midtown East, 211 East 51 Street; Upper Eastside 201 East 65 Street; or Columbus Circle, 330 West 58 Street, New York, N. Y.
- All employees, medical staff, trainees, students or volunteers involved with MOM records;
- Any business associates of MOM

MOM is committed to protecting your health information. This notice applies to all of the records of your care generated by MOM.

By law MOM is required to:

- Keep your protected health information (PHI) private;
- Give you this notice of our legal duties and privacy practices with respect to your PHI and
- Follow the terms of the notice that is currently in effect.

MOM will abide by the special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information and require that MOM attach a notice of prohibition of redisclosure to Any records that are disclosed at your request.

HOW MOM MAY USE AND DISCLOSE YOUR PHI:

MOM may disclose your PHI without your prior authorization for treatment purposes, to obtain payment for treatment, and to support healthcare operations.

FOR OPERATIONS:

For purposes of healthcare operations, PHI may be disclosed so that MOM can engage in quality improvement or other activities related to the operation of MOM.

FOR TREATMENT

We may use your PHI to provide you with medical treatment or services. We may share your health information with healthcare providers at MOM who

are involved in taking care of you, and they may in turn use that information to diagnose or treat you.

We may also make your information available to providers you see outside MOM by making it accessible through a Health Information Exchange (HIE), an electronic network that makes it possible to share information through computers, **but we will not let anyone access it through the HIE without your consent except in an emergency or unless you direct us otherwise.** This means that if one of your physicians or a hospital you visited uses an HIE that MOM is a part of, they will be able to access your health information generated in the course of any MOM encounter. In addition, certain information about your care at MOM may be sent automatically to the person who referred you to MOM. Health information shared through the HIE may include, in addition to your demographics and clinical information, specially protected HIV-Related Information, Alcohol and Substance Abuse Treatment, Mental Health Information and Genetic Information. The purpose of this use and disclosure to non-MOM providers is to ensure that they have the most current and complete information about the care you received at MOM.

FOR PAYMENT

For purposes of billing and payment we may share information about you with an insurance company or third party.

Other examples of such disclosures include telling you about, or recommending possible treatment options, alternatives, or health related benefits or services that may be of interest to you. If we are paid to send you treatment information, we will tell you that and give you the right not to receive these communications

MOM may use or disclose your PHI without prior authorization, subject to certain requirements, for the following: to family and friends involved in your care unless you object; for public health purposes, domestic violence and/or abuse or neglect reporting, health inspections or audits, emergencies, averting a serious threat to the health or safety of a person or the public, issues relating to national security, and specialized government functions (e.g. disclosure of PHI of individuals who are members of the Armed Forces as required by Military Command authorities). MOM may also disclose PHI when required by law, for law enforcement purposes, to correctional institutions, for law enforcement custodial matters, or in response to

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valid judicial or administrative orders or other lawful process. In most cases we will ask for your written authorization before using your PHI or sharing it with others in order to conduct research.

In any other situation not covered by this NOPP MOM will ask for your written authorization before using or disclosing your PHI. If you choose to authorize disclosure, you are permitted to revoke that authorization, except to the extent that we have already relied on it, by notifying us in writing of your decision addressed to the Privacy Office, MOM, 211 East 51st Street, New York, NY 10022.

RIGHT TO ACCESS AND/OR AMEND YOUR RECORDS:

You have a right to inspect and obtain a copy in either electronic or paper form of any PHI that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. We will produce the records in the specific electric format that you request if it is feasible to do so.

To inspect or obtain a copy of your health information, please submit your request in writing to: **Privacy Office, MOM, 211 East 51st Street, New York, NY 10022.**

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

If your request is denied, you may submit a written request for a review of that decision.

If you feel information in your record is incorrect or that the information is incomplete, you have the right to request that we amend the record; this request must be in writing and provide your reason for requesting the amendment. MOM may deny your request to amend if we do not maintain the information or if we determine that the record is accurate. You may submit a written statement detailing your disagreement with this decision. We will inform you if the amendment is accepted.

RIGHT TO AN ACCOUNTING:

You have the right to request a listing of any disclosures of your PHI that MOM has made, except for uses and disclosures related to treatment, payment, or healthcare operations, circumstances in which you have specifically authorized such disclosure, disclosures made specifically to you and certain other

exceptions. This listing must be after April 14, 2003, and in no event include more than the last six years. Such requests should be submitted in writing to the Privacy Office, MOM, 211 East 51st Street, New York, NY 10022.

RIGHT TO REQUEST RESTRICTIONS:

You have the right to request, in writing, that MOM not disclose your PHI for treatment, payment, or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. MOM will review your request and attempt to accommodate it when possible, but MOM is not legally required to accept it. In most cases we are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or to comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. All written requests or appeals should be submitted to the Privacy Officer at the address above. You have the right to direct us not to share specific PHI with your insurance company if you plan to pay for a service personally without submitting a claim to your insurer. It is your responsibility to inform other providers who may receive copies of your record that they may not share this PHI with your insurance company.

REQUESTS FOR CONFIDENTIAL COMMUNICATIONS:

You have a right to request that your PHI be communicated to you in a confidential manner. For example, you may ask that we contact you at home instead of at work. Such requests must be made in writing.

NOTIFICATION:

You will be notified within 60 days if your PHI has been disclosed to or accessed by a person who was not authorized to receive the information.

CHANGES TO THIS NOPP:

We may change our policies at any time. When significant changes occur we will change our NOPP and post the new notice. You may receive a copy of the current NOPP at any time. Copies of the NOPP will be available each time you come to a MOM facility for treatment or on the Internet at www.medicalofficesofmanhattan.com.

COMPLAINTS:

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If you believe that your privacy rights have been violated, or you disagree with a decision MOM made about access to your records, you may contact the Privacy Office at 917-762-0563 or you may call the Compliance Hotline at 646-791-7337.

If you are not satisfied with our response, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights at www.hhs.gov/ocr/hipaa Under no circumstances will you be penalized or subject to retaliation for filing a complaint.