

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

The privacy of your medical information is important to us. You may be aware that U.S. Government regulators established a privacy rule (“HIPAA”) governing protected health information. This notice tells you about how it may be used and about certain rights that you have.

Judy Cavallo, M.S., CCC/SLP is in charge of privacy matters at our office. You can contact her at 516-355-6001.

USE AND DISCLOSURE OF PROTECTED INFORMATION

Federal law provides that we may use your medical information (protected health information) for treatment of you, without further specific notice to you, or written authorization by you. For example, if we refer you to a specialist, we may provide laboratory results and test results to that specialist except information concerning HIV/AIDS.

Federal law provides that we may use your medical information to obtain payment for our services without further specific notice to you. For example, under your health plan, we are required to provide them with a diagnostic code for your visit and a description of services rendered.

Federal law provides that we may use your medical information for health care operations without further specific notice to you, or written authorization by you. For example, our accountants may see your name, dates of treatment and procedure codes during an audit of our books.

We may use or disclose your medical information without further notice to you or specific authorization for the following:

- Required by law
- Required for public health purposes
- Required by law to report child abuse
- Required by a health oversight agency for oversight activities authorized by law, such as Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct
- Required by law by judicial or administrative proceedings
- Required by law enforcement official
- Required by a coroner or medical examiner or funeral director
- Permitted by law for organ donation purposes
- Permitted by law to revert a serious threat to health or safety, required by military authorities if you are a member of the armed forces of the US

New York State law provides additional protection for information regarding HIV/AIDS. We will continue to follow NYS law with respect to such information.

We may contact you by mail, phone, or at your residence to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You can make reasonable requests, in writing, for us to use alternative methods of communication with you in a confidential manner.

Other uses or disclosures of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

YOUR RIGHTS

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged)

You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we make of your medical information, except for disclosures we make to you, or to carry our treatment, payment, or health care operations, as requested by your written authorization, as permitted or required under 45 CFR 164-502, for emergency or notification purposes, for national security or intelligence purposes as permitted by law and to correctional facilities or law enforcement officials as permitted by law.

OBLIGATIONS THAT WE HAVE

We are required by to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices.

We are required to abide by the terms of this notice as long as it's currently in effect.

We reserve the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our office, and copies will be available there.



If you want to complain about violations or your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States.

No retaliatory action will be taken against you for any complaint you may make.

I have received a copy of this notice:

Signature: _____

Print Name: _____ Date: _____

Name of Patient: _____ Date: _____

I make the following special request for confidential communication:

Signature

Date