

Notice of Privacy Policies

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.**

Effective April 24, 2014

The privacy of your medical information is important to us. You may be aware that U. S. government regulators established a privacy rule-Health Insurance Portability and Accountability Act of 1996 “HIPAA” governing **protected health information**. This notice tells you about how it may be used, and about certain rights that you have.

Rights that you have

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll notify you in writing within 60 days.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

If you received this notice electronically, you can ask for a paper copy at any time. We will provide you with a paper copy promptly.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that person has the authority and can act for you before we take any action.

You can complain if you feel we have violated your rights by contacting our Privacy Office below.

You can also file a complaint with the US Department of Health and Human Services Office for Civil Rights by either

- (a) sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,

- (b) calling 1-877-696-6775, or
- (c) visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

Choices that you have

If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- (a) share information with your family, close friends, or others involved in your care,
- (b) share information in a disaster relief situation
- (c) include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.

Unless you give us written permission, we will **never** share your information for marketing purposes, sale of your information, and most sharing of psychotherapy notes.

Use and disclosure of protected health information

We may use your medical 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 or test data to that specialist.

We may use your medical information to obtain payment for our services without further specific notice to you, or written authorization by you. For example, we are required to provide your insurance companies with a diagnosis code for your visit and a description of the services rendered so that they can decide the payment.

We may use your medical information for health care operations without specific notice to you, or written authorization by you. For example, our accountants may see your name, dates of treatment and procedure codes during audits of our books.

We may use or disclose your medical information, without further notice to you, or specific authorization by you, where:

1. required by law
2. required for public health purposes
3. required by law to report abuse, neglect, or domestic violence
4. required by a health oversight agency for oversight activities authorized by law, such as the Department of Health and Human Services, Office of Professional Discipline, or Office of Professional Medical Conduct
5. required by law in judicial or administrative proceedings
6. required for enforcement purposes by a law enforcement official
7. required by a coroner or medical examiner
8. permitted by law to a funeral director
9. permitted by law for organ donation purposes
10. permitted by law to avert a serious threat to health or safety

11. permitted by law and required by military authorities if you are a member of the armed forces of the United States

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

We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives, or ask payment questions. 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.

Obligations that we have

We are required by law to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

Other uses or disclosures of your medical information will be made only with your written authorization. You may change your mind at any time. Let us know in writing if you change your mind.

Changes to the terms of this notice

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 on our website and in our office, and copies will be available there.

Contact information

Manhattan Wellness Medical Care, PLLC
Privacy Office
15 W 44th St 10th Fl
New York, NY 10036

Phone: 212-575-8910, extension 140
Email address: manhattan44@[mwmcnyc.com](mailto:manhattan44@mwmcnyc.com)