

Village
Pediatric
Group



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Affiliated with



**CHILDREN'S & WOMEN'S PHYSICIANS OF WESTCHESTER,
LLP**

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability
and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES
HOW HEALTH INFORMATION ABOUT YOU
(AS A PATIENT OF OUR PRACTICE) MAY BE USED AND
DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR
INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Children's & Women's Physicians of Westchester, LLP (hereinafter CWPW) is a pediatric and women's multispecialty practice that provides medical services throughout the Hudson Valley.

CWPW is dedicated to maintaining the privacy of your individually identifiable health information (HI). In conducting our business, we will create records regarding your treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your HI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your HI.
- Your HI privacy rights.
- Our obligations concerning the use and disclosure of your HI.

The terms of this notice apply to all records containing your HI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER:

Ruth Diamond
Privacy Officer
Children's & Women's Physicians of Westchester, LLP
NYMC-Munger Pavilion, Room 120
Valhalla, NY 10595

Telephone # 914-594-4021

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (HI).

The following categories describe the different ways in which we may use and disclose your HI:

1. Treatment. Our practice may use your HI for your treatment. For example, we may disclose your HI as follows:

To order laboratory tests (such as blood or urine tests), which we may use the results to help us reach a diagnosis.

To write a prescription, or we might disclose your HI to a pharmacy when we order a prescription for you.

To treat or to assist others in your treatment.

To inform you of potential treatment options or alternatives or programs, such as our **XXXXX** Program.

To share relevant information with your family and other persons who may assist you in your treatment, unless you object. For example, a doctor may give information about your mobility limitations or medicine dosage to a friend driving you home from the office or hospital. Or a doctor may discuss your treatment in the presence of a friend or family member you bring with you to a medical appointment.

To other health care providers for purposes related to your treatment.

2. Payment. Our practice may use and disclose your HI in order to bill and collect payment for the services and items provided by us to you. For example, we may disclose your HI as follows:

To contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if the insurer will cover, or pay for, your treatment.

To obtain payment from other third parties that may be responsible for such costs.

To bill you directly for services and items.

To other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your HI to operate our business. As examples of the ways in which we may use and disclose your information for our operations include, but are not limited to the following:

To evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

To a social worker as a part of case management.

To contact you and remind your appointment.

To inform you of health-related benefits or services that may be of interest to you.

D. USE AND DISCLOSURE OF YOUR HI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information to the extent such use or disclosure is required by law:

1. Public Health Risks. Our practice may disclose your HI to public health authorities or others that are authorized by law to collect information for the purpose:

To maintain vital records, such as births and deaths.
reporting abuse or neglect.

- To prevent or control disease, injury or disability.
- To report potential exposure to a communicable disease.
- To report a potential risk for spreading or contracting a disease or condition.
- To report reactions to drugs or problems with products or devices.
- To report to your employer for certain work-related illness or injuries.

2. Health Oversight Activities. Our practice may disclose your HI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your HI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your HI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute where we receive satisfactory assurance that you have been notified of the request and have been given time to object and other appropriate precautions have been taken.

4. Law Enforcement. We may release HI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
- Concerning a death we believe has resulted from criminal conduct.
- Regarding criminal conduct at our offices.
- In response to a warrant, summons, court order, subpoena or similar legal process.
- To identify/locate a suspect, material witness, fugitive or missing person.

5. Victims of Abuse, Neglect or Domestic Violence. We may disclose personal health information about a person whom we reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive reports of abuse, neglect or domestic violence. Any such disclosures will be made in accordance with and limited to the requirements of law.

6. Deceased Patients. Our practice may release HI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

7. Research. Our practice may use and disclose your HI for research purposes in certain limited circumstances. We will obtain your written authorization to use your HI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written

assurances that the Protected Health Information (PHI) will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your HI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Workers' Compensation. Our practice may release your HI for workers' compensation and similar programs.

10. Organ Donation. As allowed by law, we may disclose your HI to organ procurement organizations for organ, eye or tissue donation purposes.

11. Business Associates. There are some services that we provide through contracts with our business associates who work on our behalf. In such situations, we may disclose your HI to our business associates so that they can perform the jobs we asked them to do. We require all business associates to execute an agreement that requires them to comply with the HIPAA privacy requirements to safeguard your HI.

12. Compliance. We are required to disclose your HI to the Secretary of the Department of Health and Human Services or his/her designee upon request to investigate our compliance with HIPAA or to you upon request pursuant to section E.3. below.

E. YOUR RIGHTS REGARDING YOUR HI

You have the following rights regarding the HI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask us not to contact you at work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your HI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your HI to only certain individuals involved in your care or the payment for care, such as family members and friends. **We are not required to agree to your request; however, if we do agree, we are bound by our agreement, except when otherwise required by law, in emergencies, or when the information is necessary to treat you.** In order to request a restriction in our use or disclosure of your HI, you must make your

request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion:

the information you wish restricted.

whether you are requesting to limit our practice's use, disclosure or both; and
to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the HI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your HI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the HI kept by or for the practice; (c) not part of the HI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your HI for non-treatment, non-payment or non-operations purposes. Use of your HI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. We also will not provide an accounting of disclosures made to you, or incident to a use or disclosure we are permitted to make as described above, or pursuant to an authorization. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Officer.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your HI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your HI for the reasons described in the authorization. Please note, we are required to retain records of your care.

F. SPECIAL CIRCUMSTANCES

1. Minors. Under New York State law minors (under the age of 18) have the right to request and receive medical care without parental consent when medical care is provided under the following circumstances:

A minor of either sex who has a child can consent to his or her own medical care.

A minor who is requesting specific medical services for pregnancy can consent to her own medical care.

A minor who is requesting contraceptive services can consent to her own medical care.

A minor of either sex who is seeking treatment for sexually transmitted disease can consent to his or her own medical care.

Medical information obtained under any of the above circumstances is confidential and cannot be disclosed anyone, including a parent or guardian, without the minor's consent, except as otherwise provided in Section C and D above.

2. Psychological Treatment.

Psychotherapy notes are defined as any notes recorded in any medium by a health care provider who is documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's medical record. Individual authorization must be obtained for psychotherapy notes to be used for treatment, payment, health care operations and any other purpose.

Medication prescription and monitoring, counseling session start times, modality and frequency of treatment, results of clinical tests and any summary of diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date are all excluded from the definition of psychotherapy notes.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer.

Effective Date of this Notice. This Notice is effective as of July 1, 2009.