

Notice of Privacy Practices

Effective September 30, 2010

Summary Your health care information will be kept private, and may only be disclosed where required for payment, to co-ordinate your treatment, and where required by law or for legal purposes (please see complete policy for more information). If you have any friends, family members, or other individuals which you will allow your information to be shared with, please designate them when signing your acceptance of these policies. If you would like a copy of this Notice of Privacy Practices, please request one at the front desk or by calling the office at 585-244-8110.

The Notice 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. If you have any questions about this notice, please ask to speak to our privacy officer or call our privacy officer at 585-244-8110. This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIP AA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our practice except when the release is required or authorized by law or regulation.

Acknowledgment of receipt of this notice You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information in accordance with law.

Our duties to you regarding protected health information "Protected health information" is individually identifiable health information and includes demographic information (for example, age, address, etc.), and relates to your past, present or future physical or mental health or condition and related health care services. Our practice is required by law to do the following:

- Keep your protected health information private;
- Present to you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information;
- Follow the terms of the notice currently in effect;
- Communicate to you any changes we may make in the notice.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A copy of any revised notice is available upon request on or after the effective date of the revision.

How we may use or disclose your protected health information Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures - By law, we must disclose your health information to you unless it has been determined by a health care professional that it would be harmful to you. Even in such cases, we may disclose a summary of your health information to certain of your authorized representatives specified by you or by law. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services (HHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Treatment - We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information from time-to-time to another physician or health care provider (for example, your primary doctor, your pharmacist or laboratory) who are involved in your care. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. *In emergencies, we will use and disclose your protected health information to provide the treatment you require.*

Payment - Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities we may need to undertake before your health care insurer approves or pays for the health care services recommended for you, such as determining eligibility or coverage for benefits. For example, obtaining approval for a surgical procedure might require that your relevant protected health information be disclosed to obtain approval to perform the procedure at a particular facility.

Health Care Operations - We may use or disclose, as needed, your protected health information to support our daily activities related to providing health care. These activities include billing, collection, and licensing. For example, we may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information as necessary to contact you to remind you of your appointment. For example, we will contact you at the phone number(s) you have provided. We may leave a message on your answering machine or with a household member to: remind you of your next appointment, to give test results, to inform of treatment for you, respond to your health care questions, etc. We may also use the mail to inform you of information needed for your health care.

We will share your protected health information with other persons or entities that perform various activities for our practice. These business associates of our practice will also be required to protect your health information.

Required by Law - We may use or disclose your protected health information if law or regulations requires the use or disclosure.

Public Health - We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. For example, the disclosure may be necessary to prevent or control disease, injury or disability; or report reactions to medications or problems with products.

Health Oversight - We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other regulatory programs, or civil rights laws.

Legal Proceedings - We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement - We may disclose protected health information for law enforcement purposes, including responses to legal proceedings; information requests for identification and location; and circumstances pertaining to victims of a crime.

Coroners, Funeral Directors, and Organ Donations - We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donations.

Research - We may disclose protected health information to researchers when authorized by law, for example, if 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 protected health information.

Threat to Health or Safety - Under applicable Federal and State laws, we may disclose your protected health information to law enforcement or another health care professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation - We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Parental Access - State laws concerning minors permit or require certain disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State and will make disclosures following such laws.

Uses and disclosures of protected health information requiring your permission In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Individuals Involved in Your Health Care - Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

Your rights regarding your health information You may exercise the following rights by submitting a written request to our privacy officer. Our privacy officer can guide you in pursuing these options. Please be aware that our practice may deny your request; however, in most cases you may seek a review of the denial.

Right to Inspect and Copy - You may inspect and/or obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that our practice uses for making decisions about you. This right does not include inspection and copying of the following records:

psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information.

Right to Request Restrictions - You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing to our privacy officer. In your request, you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use or disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If we believe that the restriction is not in the best interests of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon we will not use or disclose your protected health information, in violation of that restriction, unless it is needed to provide emergency treatment.

You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Alternative Confidential Communications - You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment - If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosure - You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this notice and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made on or after April 14, 2003, and no more than 6 years prior to the date of your request. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this notice - You may obtain a paper copy of this notice from us by requesting one

Special Protections - This notice is provided to you as a requirement of HIP AA. There are several other privacy laws that also apply to HfV -related information, mental health information, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this notice.

Complaints - If you believe these privacy rights have been violated, you may file a written complaint with our privacy officer or with the U.S. Department of Health and Human Services' Office for Civil Rights. We will provide their address upon your request. No retaliation will occur against you for filing a complaint.

Contact information Our privacy officer is **John M. Cannon, MD** and can be contacted at this office or by calling our telephone number: 585-244-8110. You may contact our Office Manager for further information about our complaint process or for further explanation of this Notice of Privacy Practices. This notice is effective in its entirety as of September 30, 2010.