



## **NOTICE OF PRIVACY PRACTICES**

**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.**

**YOU WILL BE ASKED TO SIGN AN ACKNOWLEDGMENT THAT WILL BE KEPT IN YOUR MEDICAL CHART.**

We understand that your health information is personal to you, and we are committed to protecting the information about you. This Notice of Privacy Practices (or "Notice") describes how we will use and disclose protected information and data that we receive or create related to your health care.

### **Who Will Follow This Notice**

This Notice describes the privacy practices of Crouse Medical Practice ("CMP"), and will be followed by our health care providers, employees, other personnel and our contractors (business associates) having access to your health information in order to provide the services we have hired them to do.

### **Our Duties**

We are required by law to maintain the privacy of your health information, and to give you this Notice describing our legal duties and privacy practices. We are required to follow the terms of the Notice currently in effect. We are also required by law to provide you with notice of a breach of unsecured protected health information.

### **Revisions to this Notice**

CMP must abide by the terms of the Notice currently in effect, however, we reserve the right to change our privacy practices from time to time and to make the new Notice effective for all protected health information we maintain.

If we do revise the notice we will post the revised Notice in the patient waiting area, and also at [www.crousemed.com](http://www.crousemed.com) so you will have an accurate summary of our practices.

## **How We May Use and Disclose Your Health Information**

When you register at our office, we typically obtain your general permission to use and disclose your information in connection with the services we provide to you. However, we may use or disclose your health information in the situations described below without your specific authorization. Please note, New York State law may have stricter requirements for the use and disclosure of certain types of information including HIV-related, alcohol and substances abuse, mental health and genetic information. We shall follow such additional requirements.

- *Treatment:* We will use and disclose your health information while providing or coordinating your health care. For example, information obtained by one of our staff may be shared with other health care providers outside our practice to assist in treating you. CMP utilizes an electronic medical records system for medical imaging services called the PACS system (Picture Archiving Communication). Any medical imaging tests performed by CMP (such as x-rays and CAT scans) are electronically stored on the PACS system. The PACS system also stores examinations done at other locations where Crouse Radiology Associates are the radiologists. Your physicians have Internet access to the films and reports. For example, an x-ray you had done at CMP would be available to a physician who orders a test for you done at Crouse Radiology Associates' Brittonfield office. CMP is associated with Crouse Health. Crouse Health physicians may need to view Crouse Medical Practice medical records, including CMP's paper and electronic records, to provide care. Medical students, residents and vendors may be involved in certain aspects of your treatment. They may work with CMP providers and may access your information for treatment. In addition, we may share your information with health information exchanges, such as HealtheConnections.
- *Payment:* We will use and disclose your medical information to obtain compensation or reimbursement for providing your health care services. For example, we may send a claim to you or your health plan that includes information that identifies you, as well as your diagnosis, procedures, and supplies used.
- *Health Care Operations:* We will use and disclose your health information to deal with certain administrative aspects of your health care, and to manage our business more efficiently. For example, members of our medical staff may use information in your health record to assess the quality of care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the health care and services we provide.
- *Business Associates:* There are some services provided in our organization through contracts with business associates. We may disclose your health information to our business associate so they can perform the job we've asked them to do. However, we require the business associate to take precautions to protect your health information.
- *Notification of Family:* Unless you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care or your location and general condition.
- *Communication with Family:* Unless you object or it pertains to sensitive information such as mental health, STD, pregnancy, etc., we may disclose to a family member, other

relative, close friend, or any person you identify, health information relevant to that person's involvement in your care. In addition, your location in our facility and your condition described in general terms, or appointment dates, that does not communicate specific medical information about you may be communicated to other persons who ask for you by name unless you object or it pertains to sensitive information such as mental health, STD, pregnancy, etc.; if you do not want us to provide this information, you must tell us.

- *Emergencies:* We may use or disclose information if you need emergency treatment or if we are required by law to treat you, but are unable to obtain your consent. We will try to obtain your consent as soon as we reasonably can after we treat you.
- *Research:* Consistent with applicable law we may disclose information to researchers when 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 health information.
- *Funeral Director, Coroner, and Medical Examiner:* Consistent with applicable law we may disclose health information to funeral directors, coroners, and medical examiners to help them carry out their duties.
- *Organ Procurement Organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- *Product Monitoring, Repair and Recall:* We may disclose your information to an agency or individual who is required to report problems with drugs or other medical products. The information may be used to report, track, recall, replace or repair a defective or dangerous product or device or to monitor an approved product or device. We may disclose to the FDA health information relative to adverse events, product defects, or post marketing surveillance information.
- *Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse and neglect.
- *Victims of Abuse, Neglect or Domestic Violence:* As permitted by law, we may disclose your health information to appropriate governmental agencies, such as adult protective or social services agencies, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
- *Health Oversight:* In order to oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations.

- *Court Proceeding and Law Enforcement:* We may disclose your health information in response to requests made during judicial, legal, and administrative proceedings, such as following or acting on court orders or subpoenas, as permitted by law.
- *Threats to Public Health or Safety:* We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.
- *Specialized Government Functions:* Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.
- *Workers Compensation:* We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs
- *Fundraising:* We may contact you for fundraising efforts, but you may opt out of these communications.
- *Other Uses:* We may also use and disclose your personal health information for the following additional purposes:
  - To contact you to remind you of an appointment for treatment;
  - To describe or recommend treatment alternatives to you;
  - For face-to-face communications with you regarding our products and services; and,
  - To furnish information about health-related benefits or services that may be of interest to you, or promotional gifts of nominal value.
- *As required by Law:* We may use or disclose your health information when required to do so by Federal, State, or Local Law.

### **Use and Disclosures of Protected Health Information Requiring Written Authorization**

We will only make the following use and disclosures with your written authorization:

- *Psychotherapy:* Most uses and disclosure of psychotherapy notes;
- *Marketing:* Uses and disclosures of protected health information for marketing purposes;
- *Sale of protected health information:* Uses and disclosures considered a sale of protected health information;
- *Other uses and disclosures not otherwise described in this Notice or covered by the laws that apply to us.* In those instances, we will only use and disclose your health information with your written authorization and will provide you with an authorization form to sign. Once given, you may revoke the authorization by writing to us. Understandably, we are unable to take back any disclosure we have already made with your permission.

## Individual Rights

You have rights concerning your health information. Specifically, you have the right:

- *To request restrictions on the health information we may use and disclose for treatment, payment, and health care operations.* Generally, we are not required to agree to these requests. However, if you request CMP to restrict the disclosure of your health information to a health plan (your health insurer) related to services or items we provide to you and you pay us for such services or items out-of-pocket in full, we must agree to your request, unless we are required by law to disclose the information. **Please note:** This restriction will apply only when requested and services are paid in full. Future services without a restriction request and for which no out-of-pocket payment is received will be billed as required by your health plan, which may include current provider notes that reference prior treatments or services previously restricted. If we do agree, we will abide by the restriction unless the information is needed to provide you with emergency treatment, to comply with the law, or if we terminate the agreement. You also have the right to revoke the restriction at any time. To request a restriction, please send a written request to the address below under “Contact”.
- *To receive confidential communications of health information about you in a certain manner or at a certain location.* For instance, you may request that we only contact you at work or by mail. To make such a request, you must write to us at the address below, and tell us how or where you wish to be contacted. We will try to accommodate all reasonable requests.
- *To inspect medical information or receive a paper or electronic copy of your health information.* You must submit your request in writing to the address below. If you request a copy of your health information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances, we may deny your request to inspect or copy your health information. If you are denied access to your health information, you may request that the denial be reviewed. The treating physician of record will then review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- *To amend health information.* If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address below. You must also give us a reason to support your request. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may also deny your request if: i) the information was not created by us, unless the person that created the information is no longer available to make the amendment; or ii) the information is not part of the health information kept by or for us, is not part of the information you would be permitted to inspect or copy or is accurate and complete.
- *To receive an accounting of disclosures of your health information.* You must submit a request in writing to the address below. Not all disclosures of health information are subject to this accounting requirement, including disclosures made: i) to you; ii) for treatment, payment or healthcare operations; iii) to your friends and family involved in your care; iv) to federal officials for national security and intelligence activities; v) to law enforcement

or correctional institutions about inmates; or vi) made six years prior to your request. Your request must state a time period, no longer than 6 years. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you the cost of providing the accounting. Upon request, we will estimate for you the cost and you may choose to withdraw or modify your request before charges are incurred.

- *To receive a paper copy of this Notice upon request, even if you have previously elected to receive this Notice electronically.* You may submit a request for a paper notice in writing to the address below, by calling the Privacy Officer at (315) 766-1612, or by requesting a copy at your next visit.
- *To name a person to act on your behalf.* You have the right to name a person to act on your behalf to control the privacy of your health information under certain circumstances. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted to make their own medical decisions and act on their own behalf.

**Note:** All requests to restrict use of your health information for treatment, payment, and health care operations, to inspect and copy health information, to amend your health information, or to receive an accounting of disclosures of health information must be made in writing to the address listed below under “Contact”.

### **How to file a Complaint**

If you believe that your privacy rights have been violated, you may make a complaint by calling our Privacy Officer at (315) 766-1612, or writing to the address listed below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

### **Contact**

Please contact our Administrative Offices for all questions, requests or for further information related to the privacy of your health information at:

Crouse Medical Practice  
Attn: Privacy Officer  
739 Irving Ave. Suite 340A  
Syracuse, NY 13210

### **Request for Signature**

You will be asked to sign a document or label acknowledging that you have received this notice. A larger font edition of this notice is available upon request in the office. Your signature will remain with your medical chart.