

Amy Silverman, MD, PC

450 Mamaroneck Avenue, Suite 415
Harrison, New York 10528
T. 914 630-2030 | F. 914 315-6505
Amy@AmySilvermanMD.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND SAFEGUARDED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. My Responsibility

The confidentiality of your personal health information is very important to me. Your health information includes records that I create and obtain when I provide you care, such as a record of your symptoms, examination, test results, diagnoses, treatments, and referrals for further care. It also includes bills, insurance claims, or other payment information that I maintain related to your care.

This notice describes how I handle your health information and your rights regarding this information. Generally speaking, I am required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this notice of my duties and privacy practices regarding the health information about you that I collect and maintain; and
- Follow the terms of our Notice currently in effect

II. My Contact Information

After reviewing this Notice, if you need further information or want to contact me for any reason regarding the handling of your health information, please direct any communications to me.

III. Uses and Disclosures of Information

Although under federal law I am permitted to use and disclose personal health information without your consent or authorization for purposes of treatment, payment, and health care operations, under New York State law and regulations, I will not release your personal health information to any third party except in the following circumstances:

1. With your express consent for treatment and payment

This consent, may be in writing, oral, or implied.

Examples:

- You send me a written request to send a copy of your records to another physician who may be providing treatment to you
- You ask me to call the pharmacy to renew your medication
- You ask me to submit documentation to your insurance carrier

2. Pursuant to your written authorization, for other than treatment or payment purposes

Example:

- I receive a request for medical information from your potential employer

Amy Silverman, MD, PC

450 Mamaroneck Avenue, Suite 415
Harrison, New York 10528
T. 914 630-2030 | F. 914 315-6505
Amy@AmySilvermanMD.com

3. As otherwise permitted or required by federal or state law or regulation

Examples:

- In an emergency situation
- For child abuse and neglect reporting and investigation

4. For health care operations

In the course of providing treatment to you, I may need to share information with consultants to engage in the operations of my medical office. I will share with my business associates only the minimum amount of personal health information necessary for them to assist me.

Examples:

- For proper operations of my computer systems
- To provide medical coverage when I am not available

IV. Other Uses and Disclosures

In addition to uses and disclosures related to treatment, payment, and health care operations, I may also use and disclose your personal information without your express consent or authorization for the following additional purposes:

Abuse, Neglect, or Domestic Violence

As required or permitted by law, I may disclose health information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, I will use my professional judgment in deciding whether or not to make such a report. If feasible, I will inform you promptly that I have made such a disclosure.

Appointment Reminders and Other Health Services

I may use or disclose your health information to remind you about appointments or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you, such as case management or care coordination.

Business Associates

I may share health information about you with business associates who are performing services on my behalf. For example, I may contract with a company to do my billing or provide answering service. My business associates are obligated to safeguard your health information. I will share with my business associates only the minimum amount of health information necessary for them to assist me.

Communicable Diseases

To the extent permitted or required by law, I may disclose information to a public health official or a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.

Amy Silverman, MD, PC

450 Mamaroneck Avenue, Suite 415
Harrison, New York 10528
T. 914 630-2030 | F. 914 315-6505
Amy@AmySilvermanMD.com

Communications with Family and Friends

I may disclose information about you to a person who is involved in your care or payment for your care, such as family members, relatives, or close personal friends. In addition, I may notify a family member, your personal representative, or other person responsible for your care, of your location, general condition, or death. Any such disclosure will be limited to information directly related to the person's involvement in your care. If you are available, I will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, I will use my professional judgment to determine what is in your best interest regarding any such disclosure.

Coroners, Medical Examiners, and Funeral Directors

In the event of your death, I may disclose health information about you to a coroner or medical examiner, for example, to assist in identification or determining cause of death. I may also disclose health information to funeral directors to enable them to carry out their duties.

Disaster Relief

I may disclose health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts. If you are available, I will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated, I will use my professional judgment to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.

Food and Drug Administration (FDA)

I may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

Health Oversight

I may disclose health information about you for oversight activities that are authorized by federal or state law, for example, to facilitate auditing, inspection, or investigation related to my provision of health care, or to the health care system.

Judicial or Administrative Proceedings

I may disclose health information about you pursuant to a court order in connection with a judicial or administrative proceeding, in accordance with my legal obligations.

Law Enforcement

I may disclose health information about you to a law enforcement official for certain law enforcement purposes without your consent but only if you are incapacitated or in an emergency situation.

Amy Silverman, MD, PC

450 Mamaroneck Avenue, Suite 415
Harrison, New York 10528
T. 914 630-2030 | F. 914 315-6505
Amy@AmySilvermanMD.com

Minors

If you are an un-emancipated minor under New York law, there may be circumstances in which I disclose health information about you to a parent, guardian, or other person acting *in loco parentis*, in accordance with my legal and ethical responsibilities.

Parents

If you are a parent of an un-emancipated minor, and are acting as the minor's personal representative, I may disclose health information about your child to you under certain circumstances. For example, if I am legally required to obtain your consent as your child's personal representative in order for your child to receive care from me, I may disclose health information about your child to you. In some circumstances, I may not disclose health information about an un-emancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his/ her personal representative, I may not disclose health information about your child to you without your child's written authorization.

Personal Representative

If you are an adult or emancipated minor, I may disclose health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

Public Health Activities

As required or permitted by law, I may disclose health information about you to a public health authority, for example, to report disease, injury or vital events such as death.

Public Safety

Consistent with my legal and ethical obligations, I may disclose health information about you based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to yourself, to identified individuals and the public, or in an emergency situation.

Required By Law

I may disclose health information about you as required by federal, state, or other applicable law.

Specialized Government Functions

I may disclose health information about you for certain specialized government functions, as authorized by law and depending on the particular circumstances. Examples of specialized government functions include military activities, determination of veterans' benefits and emergency situations involving the health, safety, and security of public officials.

Workers' Compensation

I may disclose health information about you for purposes related to workers' compensation, as required and authorized by law.

Amy Silverman, MD, PC

450 Mamaroneck Avenue, Suite 415
Harrison, New York 10528
T. 914 630-2030 | F. 914 315-6505
Amy@AmySilvermanMD.com

V. Your Health Information Rights

Under the law, you have certain rights regarding the health information that I collect and maintain about you. This includes the right to:

- Request that I restrict certain uses and disclosures of your health information; I am not, however, required to agree to a requested restriction.
- Request that I communicate with you by alternative means, such as making records available for pickup, or mailing them to you at an alternative address, such as a P.O. Box. I will accommodate reasonable requests for such additional communications.
- Request to review or receive a copy of, the health information about you that is maintained in my files and used to make decisions about your treatment. Usually, this includes medical and billing records. This right does not include psychotherapy notes. If I am unable to satisfy your request, I may instead provide you with a summary of the information you requested. I will also tell you in writing the reason for the denial and your right, if any, to request a review of the decision and how to do so.
- Request that I amend the health information about you that is maintained in my files. Your request must explain why you believe my records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.
- Request a list of my disclosures of your health information. This list, known as an "accounting" of disclosures, will not include certain disclosures, such as those made pursuant to a written authorization. Your request should indicate the period of time in which you are interested. I will be unable to provide you an accounting for any disclosures made for a period of longer than six years.
- Request a paper copy of this Notice.

In order to exercise any of your rights described above, you must submit your request in writing to me. If you have questions about your rights, please speak with me about them.

Amy Silverman, MD, PC

450 Mamaroneck Avenue, Suite 415
Harrison, New York 10528
T. 914 630-2030 | F. 914 315-6505
Amy@AmySilvermanMD.com

VI. To Request Information or File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to me. You may complain to the Secretary of Health and Human Services (HHS) by writing to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, D.C. 20201; or by calling 1-800-368-1019.

I cannot, and will not, make you waive your right to file a complaint with HHS as a condition of receiving care from me, or penalize you for filing a complaint with HHS.

VII. Revisions to this Notice of Privacy Practices

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. If I revise or update this Notice with a material change, I will re-distribute the Notice to you. If the revision or update is non-material, I will provide the new Notice to all new patients at the first date of service and to all current patients only upon request.

VIII. Effective Date

This Notice will take effect on: July 1, 2008.