

## Notice of Privacy Practices

### Z&E Medical Management LLP

If you have any questions about this Notice, please contact our Administrative Offices at 212-319-5535.

This **Notice of Privacy Practices** describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your health information. Please review it carefully.

We are required to abide by the terms of this Notice. We may change the terms at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice.

#### 1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment, and in the processes of billing you or your insurer in order to obtain payment for services.

For example:

**1a. Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your information may be provided to a physician to whom you have been referred.

**1b. Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your insurer may undertake before it approves or pays for the health care services we recommend. For example, we may provide your information to obtain approval for specialized diagnostic testing.

**1c. Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the operational activities of your physician's practice. For example, in efforts to deliver the highest standards of care we may use your information in our quality assurance programs. We will share your protected health information with third party "business associates" that perform various activities for the practice (e.g., billing, transcription services).

**1d. Others Involved in Your Health Care:** With your approval, we may disclose to a member of your family, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

**1e. Emergencies:** We may use or disclose your protected health information in an emergency treatment situation.

#### 2. Requirement by Law to Disclose Your Information

We may be required, by law, to disclose your information in cases of audit investigations, health oversight, and public health activities.

For example:

**2a. Communicable Diseases:** We may disclose your information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.

**2b. Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities.

**2c. Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws.

**2d. Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

### **3. Your Rights**

You have the right to inspect and copy your protected health information, however, you may not inspect or copy 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 law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request if your request is contrary to law.

You have the right to request that our communication with you be confidential. We will accommodate reasonable requests. You should be aware that some requests may prevent payment by your insurance company, in which case you may be responsible for payment.

You have the right to receive an accounting of disclosures we have made. The right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes.

You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

### **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our administrative office of your complaint. We will not retaliate against you for filing a complaint.

You may contact us at 212-319-5535.

This notice was published and in effect as of March 1<sup>st</sup>, 2003.