



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you get access to your individual identifiable health information.

PLEASE REVIEW THIS NOTICE CAREFULLY

Associated Medical Professionals of NY is dedicated to maintaining the privacies of your protected health information (PHI). In conducting our business, we will create records regarding you and the service 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 PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your care.

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

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligation concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by Associated Medical Professionals. Any revision or amendment to this notice will be effective for all your past records our practice has created or maintained and your records 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. You may request a copy of our most current Notice at any time.

If you have questions about this Notice, please contact our privacy officer at (315) 478-4185.

The following categories describe the different ways in which we may use and disclose your PHI (Protected Health Information).

1. Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

1. A Our practice participates in the Statewide Health Information Network of New York through the New York EHealth Collaborative. This is a secure information network that allows healthcare providers the ability to seamlessly share patient records across the state. Patient consent must be given to allow providers access to their information.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may 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 your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

2.1 We are required to agree to your request to restrict disclosure of your PHI to a health plan, where the disclosure is for payment or healthcare operations pertaining to an item or service for which you have paid out of pocket in full.

3. Health Care Operations. Our practice may use and disclose your PHI to operate our business. Our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our practice.

4. Appointment Reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. Release of Information to Family/Friends. Our practice may release your PHI to friends or family members that are involved in your care, or who assist in taking care of you. For example, a friend may drive you to and home from your appointment or accompany you to your appointment. Some of your PHI may be shared with them at that time.

6. Public Health Risks. Your PHI may be disclosed to public health authorities as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

7. Law Enforcement. We may release your PHI if asked to do so by a law enforcement official to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting when served with a warrant, summons, court order or subpoena.

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

9. Organ and Tissue Donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

10. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. If a research project were to take place a separate authorization will be given to you for signature.

11. Marketing or Fund Raising. The use and disclosure of PHI for marketing purposes or for the sale of PHI will not be done without your individual written consent.

Fundraising – at times our practice may participate in charitable events to raise awareness about urological diseases or participate in community charitable events. During these times we may send you a letter, postcard, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. **To Opt out of fund raising communication please contact our Water Street office at (315).558.6602 or write to the address at the bottom of this notice.** It is not our policy to disclose any personal health information about your condition for the purpose of fundraising events.

12. Use and Disclosure not described above. Uses and disclosures not described in the Notice of Privacy Practice will not be done without your individual written authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI 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 that we contact you at home rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, at the address on this notice, 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 PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members or 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 PHI, you must submit your request in writing to our Privacy Officer, at the address on this notice. Your request must describe in a clear and concise fashion: (a) the information you wish restricted (b) whether you are requesting to limit our practice's use, disclosure or both and (c) to whom you want the limits to apply.
3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI 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 our Privacy Officer at the address on this notice, in order to inspect and/or obtain a copy of your PHI. ASSOCIATED MEDICAL PROFESSIONALS OF NY may deny your request to inspect and/or copy in certain limited circumstances, however, you may request review of our denial.
 - 3.1 You have the right to receive electronic copies of your health information within thirty days of your request.
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 maintained by our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer, at the address on this notice. Our practice will deny your request if you fail to submit the

request (and the reason supporting your request) in writing. We may deny your request if the PHI; (a) not part of the PHI which you would be permitted to inspect and copy; or (b) 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 PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI 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. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer, at the address on this notice. 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. 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 our Privacy Officer, at the address of this notice.

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 Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer at the address on this notice. 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 PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.

9. You have a right to, and will receive, notification of any breaches of your unsecured health information, if any such breach should occur.

Privacy Officer
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Effective Date of this Notice 9/23/2020