

DIGESTIVE DISEASE AND NUTRITION CENTER OF WESTCHESTER  
Notice of Privacy Practices

- A. Notice:** This notice describes the privacy practices of DDNCW. We are required by law to maintain the privacy of your personal health information. We must provide you with notice of our legal duties and privacy practices with respect to personal health information. We must abide by the terms of the notice of privacy practices that is currently in effect. 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.
- B. Permissible uses and disclosures without written consent:** The following disclosures are permitted by law to without your written consent.
- 1. Medical Treatment:** We may need to share information about you with other healthcare providers such as other physicians including referring physicians, nurses or healthcare professionals entering information into your medical records relating to your medical care and treatment in order to provide care to you. We may share information about you including x-rays, prescriptions and requests for lab work.
  - 2. Payment:** We may need to disclose information about the treatment, procedures or care our practice provided to you in order to bill and receive payment for services we provided. We may share this information about you, with an insurance company, a third party responsible for payment, or a collection agency or your employer if your employer is responsible for paying the claim.
  - 3. Healthcare Operations:** We may use and disclose your personal health information to Business Associates who need to use or disclose your information to provide a service for our medical practice, such as our billing company or software vendors who provide assistance with data management on our behalf or a company that may assist us with compliance efforts.
  - 4. Disclosure to Relatives:** Close Friends, or Care givers: We may disclose PHI to a member of your family, other relative, a close friend, or any other person identified by you, when you are present, or otherwise available, prior to disclosure. If you object to such disclosures, please notify the Administrator, or care giver immediately. Request may be verbal or in writing. If you are not present, or you are incapacitated, or in an emergency situation, we may exercise our professional judgment to determine whether PHI should be disclosed in your best interest to your relative, close friend or a caregiver. In such circumstances, we will disclose minimum necessary information. We may also notify such persons your location and general health condition.
  - 5. Required by Law:** We will disclose medical information related to you if required to do so by state, federal or local law.
  - 6. Public Health Activities/Risks:** Your medical information may be disclosed to a public health authority that is authorized by law to collect or receive such information for public health activities. Certain disclosures may be made for public health activities in the following circumstances: (a) to prevent or control disease, injury or disability (b) to report reactions to medications or product defects; (c) to notify individuals of product recalls; (d) to notify a person who may have been exposed to a communicable disease or at risk of contracting or spreading a disease or condition; (e) if our practice reasonably believes a person is the victim of abuse, neglect, or domestic violence, we may disclose personal health information to the appropriate authority. We will only make this disclosure if you agree to the disclosure or we are required or authorized to do so by law without your permission.
  - 7. Appointment Reminders or Treatment Alternatives:** Our practice may use and disclose medical information about you to provide you with reminders that you are due for care or you have an upcoming appointment; to provide you with information on treatment alternatives or other health related benefits that may be of interest to you. We may contact you by phone, fax or e-mail. We will make every effort to protect your privacy when leaving a message for you and try to reveal as little confidential information as possible (e.g., when leaving a message on your answering machine that may be heard by others).
  - 8. Research:** We may disclose your personal health information for research purposes without your written authorization if requirement for consent has been waived by a Review Board who has assessed the effect of the research protocol on your privacy rights and interests and certified that there are adequate controls in place to protect your information from improper use and disclosure.
  - 9. To Avert Serious Threat to Health or Safety:** If our practice believes, in good faith, that a use or disclosure of your medical information is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, we may disclose your medical information.
  - 10. Worker's Compensation:** We may release medical information about you for work-related illness or injury for workers' compensation or other related programs.
  - 11. Health Oversight Activities:** Your personal health information may be disclosed to federal, state or local authorities as part of an investigation or government activity authorized by law. This may include audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions or other activities necessary for the oversight of the health care system, government benefit programs and compliance with government regulatory programs or civil rights laws.
  - 12. Law Enforcement:** We may disclose your personal health information to law enforcement individuals if we are required to do so by law. We may also disclose medical information about you in compliance with a court order, warrant or subpoena or summons issued by the court. We will make best efforts to contact you about these types of requests so that you can obtain an order restricting or prohibiting disclosure of the information requested. We may also use such information to defend ourselves in actions or threatened actions that may be brought against our practice.
  - 13. Coroners, Medical Examiners and Funeral Directors:** We may release personal health information to a coroner or medical examiner for the purposes of identification, determining cause of death or other duties as authorized by law. We may also release medical information to funeral directors as necessary to carry out their duties with respect to the deceased.
  - 14. Organ, Eye, Tissue Donation:** If you are an organ donor, we may disclose your personal health information to organ procurement organizations, or other entities that facilitate tissue donation or transplantation.
  - 15. Inmates:** If you are an inmate of a correctional institution or within the custody of law enforcement officials, we may disclose medical information about you to allow the institution to provide you with medical care, to protect the health and safety of yourself and others, or for the safety and security of the correctional institution.
- C. Disclosures requiring consent:** Disclosure for any other purpose than listed above requires your prior authorization.
- D. Marketing Communication:** we may obtain your written permission for sending you any marketing material. However no permission is needed to provide you with marketing information face to face.
- E. Special Authorization:** Confidential information related to your HIV status will never be disclosed to anyone without your prior written

