



THOMAS P. STERRY, M.D., P.C.

DIPLOMATE AMERICAN BOARD OF PLASTIC SURGERY

## HIPAA 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.*

The privacy of your medical information is important to us. You may be aware that the U.S. government regulators established a privacy rule (HIPAA) governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

Alexandra Santiago is in charge of privacy matters at our office. You can contact her at (212) 249-4020 if you desire further information, or have any questions or concerns.

### Use or disclosure of protected information

Federal law provides that we may use your medical information (protected health information) for treatment of you, without further specific notice to you, or written authorization by you. If we refer you to another physician, we may provide laboratory or test data to that specialist. This is subject to more stringent New York laws, such as restriction on disclosure of information concerning HIV/AIDS.

Federal law provides that we may use your medical information to obtain payment for our services without specific notice to you, or written authorization by you. For instance, under your health plan, we are required to provide them with a diagnosis code for your visit and a description of services rendered.

Federal law provides that we may use your medical information for health care operations without further specific notice to you, or written authorization by you. For instance, our accountants may see your names, dates of treatment and procedure codes during audits of our books. We may use your information for financial services, quality assurance, risk reduction and claim management purposes with our medical professional liability insurer. We provide dates of treatment, provider codes, and diagnosis codes to our billing companies.

Other uses and disclosures of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

### Rights that you have:

You have the right to request restrictions on some of the uses and disclosures described above. Except as stated below, we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of your medical information. A reasonable fee may be charged.

You have the right to request amendments to your medical information. Such request must be in writing, and must state the reason for the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we make of your medical information, except for: disclosures we make to you, or to carry out treatment, payment or healthcare operations, or as requested by your written authorization, or as permitted or required under 45 CFR & 164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law. Research or public health purposes are also acceptable once the information has been de-identified or limited to remove personally identifiable information or disclosures made before April 14, 2003.

### Obligations that we have:

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices.

We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice, and to make new notice effective for all protected health information we maintain. Should this occur, a revised notice will be posted in our office and copies will be made available.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us. No retaliatory action will be taken against you for any complaint you may make.

We may use or disclose your medical information, without further notice to you, or specific by you where:

1. required by law
2. required for public health purposes
3. required by law to report child abuse
4. where required by a health oversight agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct.
5. required by law in judicial or administrative procedures
6. required by law enforcement purposes by a law enforcement official
7. required by a coroner or medical examiner
8. permitted by law to a funeral director
9. permitted by law for organ donation purposes
10. permitted by law and required by military authorities if you are a member of the armed forces
11. permitted by law to avert a serious threat to health or safety
12. research purposes (see details below)

New York State law provides additional protection for information regarding HIV/AIDS. We will continue to follow New York State law with respect to such information.

We may contact you by mail or by phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential matter. Space for this is provided below.

## Acknowledgement

I have received a copy of this notice.

**Name of Patient:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

I make the following request for confidential communications:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_