

HIPAA Privacy Statement

Greene Family Medicine, PLLC

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.

Greene Family Medicine, PLLC, respects you and your privacy. We are committed to keeping all information received or created confidential.

We want you to have a clear understanding of how we use and safeguard information about you. This Notice of Privacy Practices describes how we may use and disclose your protected health information in order to carry out services, voucher for payment, and for other purposes permitted or required by law. It also describes your rights to access and control your information.

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

Health information means any information, whether oral or recorded in any form, that is created or received by Greene Family Medicine, PLLC and relates to the past, present, or future physical, mental health, or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

How Your Protected Health Information May Be Used or Disclosed

Greene Family Medicine, PLLC uses protected health information about you for services, payment and regular health care operation purposes. We do not require authorization to use your protected health information for these purposes:

Services

Providing you with care and services related to your health, such as working with other agencies involved with the delivery of services.

Payment

Information needed for billing, insurance, or compensation for services, if necessary. We may provide necessary portions of your protected health information to our billing department and to your health plan to get paid/reimbursed for the services we provide to you.

Regular Health Care Operations

Activities that may include quality assessment, program evaluation, and auditing.

Emergency Care

To help you obtain treatment in a medical emergency. An authorization is required as soon as reasonably possible after the emergency and the provider should document the reasons as to why the authorization could not be received.

When Legally Necessary

If required by federal, state, or local law. We may make disclosures when a law requires that we report information to government agencies or law enforcement personnel about victims of abuse, neglect, domestic violence or to avoid serious threat to health or safety of a person or the public.

We may provide protected health information to a family member, friend or other person that you indicate is involved in your services or the payment for your services unless you object, in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION.

IN ADDITION, ANY ALCOHOL OR SUBSTANCE ABUSE RECORDS ARE PROTECTED UNDER FEDERAL REGULATIONS GOVERNING CONFIDENTIALITY. (42CFR Part II)

ANY HIV RECORDS ARE PROTECTED UNDER PUBLIC HEALTH LAW GOVERNING CONFIDENTIALITY. (Article 27-F)

When Greene Family Medicine, PLLC May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Health Information Rights

- You have the right to inspect and obtain a copy of your health information.
- You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to the requested restriction.
- You have a right to request that we amend your health information. We do not have to agree to this amendment. You may object and may have certain rights.
- You have a right to receive an accounting of disclosures of your health information. This will not include any dates before April 13, 2003 and cannot be longer than six years from this date.
- You have a right to receive confidential communications of protected health information and to control the manner in which it is sent to you. Within reason, you have the right to ask that we send information to you at an alternate address (such as requesting that we

send information to your work address rather than your home address) or by alternate means (such as by regular mail versus e-mail, if such methods are reasonably available).

- You have a right to a paper copy of this Notice of Privacy Practices. You will be asked to sign an Acknowledgement of Receipt of this Notice.
- You have a right to complain if you believe your privacy rights have been violated or if you are dissatisfied with the services you are receiving. You will not be punished in any way for filing a complaint.
- Greene Family Medicine, PLLC will provide you with any or all of the form(s) upon your request.

Changes to This Notice of Privacy Practices

We are bound by the terms of this notice currently in effect and reserve the right to amend this Notice of Privacy Practices at any time in the future. If such amendment is made, all individuals currently active in our programs will be provided a revised Notice of Privacy Practices by mail or at their next scheduled meeting. An updated version of this will be kept on the practice website at Greenefamilymed.com

If you have any questions regarding this notice or need further information please contact Dr. Marjorie Ketzak, Compliance Officer at (607) 875-4334 or by writing to the office at Greene Family Medicine, PLLC, 29 North Chenango St. Suite A, Greene, NY 13778 .

Please see and print the next page (Acknowledgment of Receipt of Privacy Practices for Greene Family Medicine, PLLC) and bring to your appointment. You do not need to print and bring the entire document, only the signature page. Instead, we can provide you copies of the document in the office if you so desire.

**Acknowledgment of Receipt of Privacy Practices for
Greene Family Medicine, PLLC**

I have received a copy of the document titled:

**HIPAA Privacy Statement
Greene Family Medicine, PLLC
Notice Of Privacy Practices**

All of my questions have been answered and I have been given a copy of this document.

Name_____

Telephone number_____

Date_____