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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used or disclosed by this Practice and how you can get access to information. Please review it carefully.

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 purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related healthcare services.

LEGAL DUTY: This practice is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described here.

USES AND DISCLOSURES OF HEALTH INFORMATION

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.

You will be asked by your practitioner to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your practitioner will use or disclose your health information as described in this section 1. Your protected health information may be used and disclosed by your practitioner, who is involved in your care and treatment for the purposes of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practitioner's practice. The following are examples of the types of uses and disclosures of your protected health care information that your practitioner's office is permitted to make once you have signed our consent form. These examples are meant to describe the types of uses and disclosures that may occur once you have provided consent.

TREATMENT: We will use and disclose your protected health information to provide or manage your health care and related services. This includes the coordination and management of our health care with a third party that has already obtained your permission to have access to your protected health care with information. We will also

disclose protected health information to other practitioners that may be treating you when we have the necessary permission from you to disclose your protected information. For example, your protected health information may be provided to a physician whom you have been referred to, to ensure that the physician has the necessary information to diagnose or to treat you.

In addition, we may disclose your protected health information to another practitioner or health care provider (e.g., specialist or therapist) who, at your request becomes involved in your care by providing assistance with your health care diagnosis or treatment.

PAYMENT: Your protected health information may be used to obtain payment for your health care services. This includes certain activities that your health insurance plan may undertake before it approves or pays for health care services we recommend, such as; making a determination of eligibility for insurance benefits; reviewing services provided to you for medical necessity, and undertaking utilization reviewing activities. For example, obtaining approval for services may require that relevant protected health information be disclosed to the health plan to obtain approval for the services.

HEALTHCARE OPERATIONS: We may use or disclose your protected health information in order to support the business activities or our practice. These activities include, but are not limited to quality assessment activities and review activities.

For example, we may call you by name in the waiting room when your practitioner is ready to see you. We may also use or disclose your protected health information, as necessary to contact you to remind you of your appointment.

We shall share your protected health information with third party business associates for purposes of billing, transcription services, etc. Whenever an arrangement between our office and business associate involves the use or disclosure of your protected health information, a written contract that contains terms that will protect the privacy of your protected health information will be constructed.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing, except in the event that your practitioner has taken an action in reliance on the use or disclosure indicated in the authorization.

OTHER PERMITTED AND REQUIRED USE DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT AUTHORIZATION OR OPPORTUNITY TO OBJECT: You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information that is relevant to your health care will be disclosed.

OTHERS INVOLVED IN YOUR HEALTH CARE: Unless you object, we may disclose to a member of your family, a relative, a close friend or any person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary. If we determine that it is in your best interest

based on our professional judgment, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate care with family or other individuals involved in your health care.

EMERGENCIES: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your permission as soon as possible after the delivery of treatment. If your practitioner or another physician is required by law to treat you and the physician has tried to obtain your consent, he or she may still use or disclose your protected health information to treat you in an emergency situation.

COMMUNICATION BARRIERS: We may use or disclose your protected health information if your practitioner in the practice attempts to obtain consent to you, but is unable to, due to communication barriers.

Other permitted and required uses and disclosures that may be made without your consent authorization or opportunity to object

REQUIRED BY LAW: We may use or disclose your protected health information if required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified of any such uses or disclosures.

PUBLIC HEALTH: We may disclose your protected health information for public health activities and public health authorities that are permitted by law to collect or receive the information. The disclosure will be made for the purposes of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public authority, to a foreign government agency.

COMMUNICABLE DISEASES: We may disclose protected health 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 condition.

HEALTH OVERSIGHT: We may disclose protected health information to a health oversight agency for activities authorized by law; audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, government regulatory programs and civil right enforcement agencies.

ABUSE OR NEGLECT: We are required by law to report suspicions of elder abuse, domestic violence, child abuse, or neglect to a government entity or agency authorized to receive such information. In each case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

WORKER'S COMPENSATION: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and similar legally established programs.

REQUIRED USES AND DISORDERS: Under the law, we must make disclosures to you when required by the Secretary of the Department of Health & Human Services to investigate or determine our compliance with the requirements of section 164.500 et.seq.

2 YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means that you may inspect and obtain a copy of your related health information that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your practitioner and the practice uses for making decisions about you.

Under federal law, however, you may not inspect a copy or the following records; psychotherapy notes; information compiled in reasonable use or anticipation of a civil, criminal or administrative proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our office if you have any questions about access to your medical record.

You have the right to request restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of your treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purpose as described in this Notice or Privacy Practices. Your request must state the specific restriction requested and whom you want the restriction to apply.

Your practitioner is not required to agree to a restriction that you may request. If your practitioner believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your practitioner does agree to the requested restriction, we may not use or disclose your protected health information unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your practitioner. You may request a restriction by putting it in writing.

You have the right to request and receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking your information as to how payment will be handled or specification of an alternative address or another method of contact. We will not request an explanation from you as the basis for the request. Please make this request in writing to our office.

You have the right to have your practitioner amend your protected health information. This means that you may request an amendment of protected health information about you in a designated record for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us, and we, a

rebuttal. Please contact our office to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosure we have made, of your protected health information. This right applies to the disclosures for purpose other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, 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. The right to receive this information is subject to exceptions and limitations.

You have the right to obtain a paper of this notice from us, upon request, even if you have agreed to accept this notice electronically, or have acknowledged that you have read it.

COMPLAINTS AND GRIEVANCCES: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint to us by notifying our office of your complaint. You have the right to file complaints or grievances without retaliation by those suspected in violation.

This notice was published and becomes effective on April 14, 2003.