
NOTICE OF PRIVACY PRACTICES

JONATHAN L. GLASHOW M.D.,P.C.
159 EAST 74TH ST
NEW YORK , N.Y. 10021
(212) 794-5096

PURPOSE:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION . PLEASE REVIEW IT CAREFULLY.

THIS NOTICE GOES INTO EFFECT ON APRIL 14, 2003 AND REMAINS IN EFFECT UNTIL WE REPLACE IT.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our practice. We need the record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

Law Requires Us To :

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We Have the Right to:

1. Change the privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our policy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

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3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use of disclosure will be listed. However, we have listed all the ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT:

The HIPAA regulations permits nearly unlimited sharing of information among providers who are involved in a patient's treatment. Uses and disclosures of information commonly include: Collection of information from the patient by a physician or other medical practitioner - performing diagnostic tests and reviewing results - consulting with other providers on diagnosis or treatment - referring a patient to another provider - transmitting information to another provider, such as phoning prescriptions into a pharmacy or placing an order for an ice machine, brace or other durable medical equipment..

FOR PAYMENT

We are permitted to disclose to the patient's health plan any information needed to process a claim. For example: to determine whether a patient is eligible for coverage under a health plan—to determine whether tests or services are covered under a health plan – to submit a claim or inquire about the status of a claim - to process payments or claims remittances - to process credit card transactions.

FOR HEALTH CARE OPERATIONS

Staff may use and disclose only the "minimum necessary" information for the task at hand. This includes: maintenance of medical records - maintenance of accounting records - quality assurance activities - staff performance evaluations - conducting financial and management audits - investigating complaints - supporting legal activities - resolving grievances - general business management.

LAW ENFORCEMENT

Your health information may be disclosed to law enforcement agencies to facilitate investigations, inspections or mandated reporting. Your health information may be disclosed to public health agencies as required by law.

HIPAA NOTICE OF PRIVACY PRACTICES

Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.

INDIVIDUAL RIGHTS: You have the right to request restrictions on the use and disclosure of your protected health information - the right to receive confidential communications regarding your treatment and condition - the right to inspect and copy your health information - the right to amend or submit corrections to your health information - the right to receive a printed copy of this notice.

As permitted by federal regulations, we require that requests to copy protected information be submitted in writing.

If you would like to submit a comment about our privacy practices, you may do so by sending a letter outlining your concerns.

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to :

HIPAA Privacy Official
Jonathan L. Glashow M.D.,P.C.
159 East 74th St
NEW YORK , N.Y. 10021

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review the contents .

Name _____

Signature _____

Date _____

Office use only _____