

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION • YOUR RIGHTS • OUR RESPONSIBILITIES

IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. THE TABLE IS INTENDED AS A SUMMARY OF THE NOTICE. PLEASE REVIEW THE REMAINDER OF THE NOTICE FOR MORE DETAILS AND SIGN THE ACKNOWLEDGEMENT OF RECEIPT.

<u>YOUR RIGHTS</u>	<u>YOUR CHOICES</u>	<u>OUR USES AND DISCLOSURES</u>
<p>You have the right to:</p> <ul style="list-style-type: none">• Request a copy of your paper or electronic medical record• Request a correction to your paper or electronic medical record• Request confidential communications• Ask us to limit the information we share• Get a list of certain disclosures we have made of your information• Get a copy of this privacy notice• Choose someone to act for you, in accordance with certain legal requirements• File a complaint if you believe your privacy rights have been violated	<p>You have some choices in the way that we use and share information as we:</p> <ul style="list-style-type: none">• Tell family and friends about your condition• Raise funds & Marketing Purposes	<p>We may use and share your information to:</p> <ul style="list-style-type: none">• Treat you• Run our organization• Bill for your services• Help with public health and safety issues• Do research• Comply with the law• Work with a medical examiner or funeral director• Address workers' compensation, law enforcement, and other government requests• Respond to lawsuits and legal actions• Assist in a disaster relief effort

YOUR RIGHTS

WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS. This section explains your rights and some of our responsibilities.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and certain other health information we have about you. We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct information about you in your medical record that you think is incorrect or incomplete by writing to the Privacy Officer at the end of this notice.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times and with whom we've shared your health information for six years prior to the date you ask. We are not required to include disclosures for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide an accounting and will charge a reasonable.

Get a copy of this Privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

FOR CERTAIN HEALTH INFORMATION, YOU CAN TELL US YOUR CHOICES ABOUT WHAT WE SHARE.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will try to accommodate your requests where we can. In these cases, you have both the right and choice to tell us whether to:

- Share information with your family, close friends, or others involved in your care.

CATHY L. BUDMAN MD, PLLC

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information unless you give us written permission for:

- Certain marketing purposes
- Most sharing of psychotherapy notes

In the case of marketing & fundraising:

- We may contact you for marketing and fundraising efforts, but you can tell us not to contact you again.

Health Information Exchange:

- We may also participate in certain health information exchanges that share health information electronically with other healthcare providers, as permitted by New York and federal law.

OUR USES AND DISCLOSURES

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following way.

Treat you

We can use your health information to treat you and share it with other professionals who are treating you. *Example: A doctor treating you asks another doctor about your overall health condition.*

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill you or help you get payment from health plans or other entities.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order or in response to a subpoena if certain requirements are met.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- In addition to the Federal rules regarding privacy, we will follow New York State laws regarding health care privacy. We will obtain appropriate consents before we share information concerning your genetic information, HIV status, substance abuse and certain mental health information. We also will obtain your consent for other uses and disclosures of your health information when required by New York law to do so.