



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. PLEASE REVIEW IT CAREFULLY.

I. What this Is

This notice describes the privacy practices of Downtown Women OB/GYN, LLC.

II. Our Privacy Obligations

We are required by law to maintain the privacy of medical and health information about you (“**Protected Health Information**” or “**PHI**”) and to provide you with notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use or disclose your PHI. However, we do not need any type of authorization from you for the following disclosures:

- A. Uses and Disclosures for Treatment, Payment and Health Operations. We may disclose PHI in order to treat you, obtain payment for services provided to you and conduct our “health care operations” (e.g., internal administration, quality improvement and customer service) as detailed below:
- Treatment. We use and disclose PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
 - Payment. We may use and disclose PHI to obtain payment for services that we provide to you—for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (“**Your Payor**”), or to verify that Your Payor will pay for health care.
 - Health Care Operations. We may use and disclose PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may disclose PHI to our office manager in order to resolve any complaints you may have and ensure that you have a pleasant visit with us.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing



the quality and competence of health care professionals, or health care fraud and abuse detection or compliance.

- B. Disclosure to Relatives Close Friends and Other Caregivers. We may use or disclose PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure. If you object to such uses or disclosure, please notify the Office Manager. If you are not present, you are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.
- C. Public Health Activities. We may disclose PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses or injuries or workplace medical surveillance.
- D. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are the victim of abuse, neglect or domestic violence, we may disclose PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
- E. Health Oversight Activities. We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of governmental health programs such as Medicare or Medicaid.
- F. Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- G. Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials as required or permitted or permitted by law or in compliance with a court order or grand jury or administrative subpoena.
- H. Decedents. We may disclose PHI to a coroner or medical examiner as authorized by law.
- I. Organ and Tissue Procurement. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transportation.
- J. Research. We may disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.
- K. Health and Safety. We may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- L. Specialized Government Functions. We may use and disclose PHI to units of the government with special functions, such as the U.S. Department of State under certain circumstances required by law.



- M. Worker's Compensation. We may use and disclose PHI as authorized by and the to extent necessary to comply with laws relating to worker's compensation or other similar programs.
- N. As Required by Law. We may use and disclose PHI when required to do so by any other law not already referred to in the processing categories.

IV. Use and Disclosures Requiring Your Written Consent

- A. Use or Disclosure with Your Authorization. For any purpose other than the ones described in section III, we may only use or disclose PHI when (1) you give us your authorization on our authorization form ("**Your Authorization**"). For instance, you will need to execute an authorization form before we can send PHI to your life insurance company, to your child's camp or school, or to the attorney representing the other party in litigation in which you are involved.
- B. Special Authorization. Confidential HIV-related information (for example, information regarding whether you have ever been the subject of an HIV test, have HIV infection, HIV-related illness or AIDS, or any information which could indicate that you have been potentially exposed to HIV) will never be used or disclosed to any person without your specific written authorization, except to certain persons who need to know such information in connection with your medical care, and, in certain limited circumstance, to public health or government officials (as required by law), to persons specified in a special court order, to insurers as necessary for payment for your care or treatment, or to certain persons with whom you have had sexual contact or have shared needles or syringes (in accordance with a specified process set forth in New York State Law). This special written authorization ("**Your Special Authorization**") is a New York State approved form which is a separate document from Your Authorization.

There is only one other type of disclosure of confidential HIV related information which is permitted with Your Authorization, as opposed to Your Special Authorization: disclosures to a third party payor for any reason other than obtaining payment for health care services rendered to you.

- C. Marketing Communications. We must also obtain your written authorization ("**Your Marketing Authorization**") prior to using your PHI to send any marketing materials, (we can, however, provide you with marketing materials in a face-to-face encounter, without obtaining Your Marketing Authorization). We also are permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

V. Your Individual Rights

- A. For further information, Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact our Office Manager [Guldren Torres at (212) 966-7600, x-353]. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Office Manager will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.