

## HIPAA JOINT PRIVACY NOTICE

**THIS JOINT 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.**

### INTRODUCTION

This Joint Notice is being provided to you on behalf of Jennifer Geiger, MD, PLLC and the employees and practitioners that work at the Practice with respect to services provided at the Practice (collectively referred to herein as “We” or “Our”). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of “protected health information.” “Protected health information” or “PHI” includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We will share PHI with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at the Practice facilities.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from the Privacy Officer at the Practice or you can access it on our website at [www.Jennifergeigermd.com](http://www.Jennifergeigermd.com).

### PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of *treatment, payment and health care operations*, which are described below.

- Treatment means the provision, coordination or management of your health care, including consultations and referrals between health care providers. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to contact a physical therapist to create the exercise regimen appropriate for your treatment.
- Payment means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and other utilization review activities. For example, we may need to provide PHI to your Third Party Payor to determine whether the proposed course of treatment will be covered or if necessary to obtain payment
- Health care operations means the support functions of the Practice related to *treatment and payment*, such as quality assurance, case management, responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, and administrative activities. For example, we may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI to decide what additional services we should offer. We may also disclose PHI for learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information

### OTHER USES AND DISCLOSURES OF PHI

We may also use your PHI in the following ways:

- To provide appointment reminders.
- To tell you about or recommend possible treatment alternatives or other health-related benefits and services.
- To your family or friends who are involved in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures. If you are not available, we will determine whether a disclosure to your is in your best interest, based upon our professional judgment.
- When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- We will allow your family and friends to act on your behalf to pick-up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment, that it is in your best interest.
- We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. All research projects are subject to a special approval process which balances research needs with a patient’s need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.
- We will use or disclose PHI about you when required to do so by applicable law.
- In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the Practice as required by applicable law.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

### SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

- Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation.

- Military and Veterans. If you are a member of the Armed Forces or foreign military, we may release PHI as required by military command authorities.
- Worker's Compensation. We may release PHI about you for worker's compensation programs.
- Public Health Activities. We may disclose PHI about you for public health activities, including disclosures:
  - \* to prevent or control disease, injury or disability;
  - \* to report births and deaths;
  - \* to report child abuse or neglect;
  - \* to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities and reporting related to the quality, safety, or effectiveness of FDA-regulated products or services;
  - \* to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - \* if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- Health Oversight Activities. We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, and civil rights).
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.
- Law Enforcement. We may release PHI if asked to do so by a law enforcement official:
  - \* In response to a court order, warrant, summons or similar process;
  - \* To identify or locate a suspect, fugitive, material witness, or missing person;
  - \* About the victim of a crime under certain limited circumstances;
  - \* About a death we believe may be the result of criminal conduct;
  - \* About criminal conduct on our premises; or
  - \* In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner, medical examiner or funeral director as necessary to carry out their duties.
- National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release

PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- Serious Threats. As permitted by applicable law, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.**

#### OTHER USES OF YOUR HEALTH INFORMATION

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

#### YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. We are not required to agree to your request unless the disclosure is to a health plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. To request a restriction, you may make your request in writing to the Privacy Officer.
2. You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer.
3. You have the right to inspect and copy the PHI contained in our Practice records, except:
  - (i) for psychotherapy notes, (i.e., notes by a mental health professional that have been separated from the rest of your medical record);
  - (ii) for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
  - (iii) if you are a prison inmate, and access would jeopardize your or others' health, safety, security, custody, or rehabilitation;
  - (iv) if we obtained or created PHI as part of a research study, your access to the PHI may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access;
  - (v) for PHI obtained from someone under a promise of confidentiality and the access would be reasonably likely to reveal the source of the information.

In order to inspect or obtain a copy your PHI, you may submit your request in writing to the Privacy Officer. If you request a copy, we may charge you a fee for our costs.

We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request an amendment to your PHI but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request:

- (i) was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
- (ii) is not part of your medical or billing records or other records used to make decisions about you;
- (iii) is not available for inspection as set forth above; or
- (iv) is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your PHI, you must submit your request in writing to the Privacy Officer.

5. You have the right to receive an accounting of disclosures made by us for the six years prior to your request, except for disclosures:

- (i) to carry out treatment, payment and health care operations as provided above;
- (ii) incidental to a permitted use or disclosure;
- (iii) pursuant to your written authorization;
- (iv) to persons involved in your care or for other notification purposes as provided by law;
- (v) for national security or intelligence purposes;
- (vi) to correctional institutions or law enforcement officials as provided by law;
- (vii) as part of a limited data set as provided by law.

You must submit your request in writing to the Privacy Officer. Your request must state a specific time period for the accounting. The first accounting you request be free. For additional accountings, we may charge you for the costs of providing the list.

6. You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

#### COMPLAINTS

If you believe that your privacy rights have been violated, you should immediately contact the Practice Privacy Officer at **646-590-2300**. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services.

#### CONTACT PERSON

If you have any questions or would like further information about this notice, please contact the Practice Privacy Officer at 646-590-2300.

This notice is effective as of March 26, 2018.

**HIPAA  
PATIENT CONSENT FORM**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996(HIPAA).

**The patient understands that:**

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
- The Practice reserves the right to change the Notice of Privacy Practices
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to the restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease
- The Practice may condition receipt of treatment upon the execution of this Consent. The patient acknowledges that he/she has received a copy of our HIPAA practices brochure.

**The Consent was signed by:** \_\_\_\_\_  
(Patient or representative)

**Printed Name** \_\_\_\_\_

Relationship to Patient \_\_\_\_\_  
(if other than patient)

**Witness:** \_\_\_\_\_  
(Signed/Printed Name)