



David Sasso, MD, MPH
Christopher Oleskey, MD, MPH
Anastasia Okoniewski, APRN, DNP
Lisa Lochner, LCSW
Esther Duncan, LCSW

– Notice of Privacy Practices –

This notice will be followed by your clinician or any clinician at the Elm City Therapeutic Center (ECTC) designated to provide coverage in his or her absence (i.e., “the practice”).

Privacy pledge

This notice describes how medical information about you and/or your child may be used and disclosed and how you can gain access to this information. Please review it carefully. If you have any questions, discuss them with your clinician, or you may contact the Dept. of Health and Human Services as listed at the bottom of this notice.

The confidentiality of your Personal Health Information (PHI) is very important. Your health information includes records kept and/or obtained by the practice, such as a record of your symptoms, test results, diagnoses, and treatments offered. It also includes your bills and other payment information related to your care.

This notice describes how your health information is handled and your rights regarding this information. The practice is required to:

- maintain the privacy of your health information as required by law,
- provide you with the current Notice of Privacy Practices, and
- follow the terms of the Notice of Privacy Practices currently in effect.

Uses and disclosures of information

Under federal law, we are permitted to use and disclose PHI without prior authorization to obtain payment for treatment (including the use of collection services) and to support healthcare operations (such as comparing patient data to improve treatment methods or for professional education purposes). Other examples of such uses and disclosures include contacting you for appointment reminders and telling you about possible treatment options or alternatives and health-related benefits or services that may be of interest to you.

The practice may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medication information about you without your prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, funeral arrangements and organ donation, workers’ compensation purposes, emergencies, national security and other specialized government functions, and for members of the Armed Forces as required by Military Command authorities. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders or other legal process. Under certain circumstances, we may use and disclose health information about you for research purposes, subject to a

special approval process. We may also allow potential researchers to review information that may help them prepare for research, so long as health information they review does not leave the practice, and so long as they agree to specific privacy protections. We may disclose medical information about you to a friend or family member whom you designate or in appropriate circumstances, unless you request a restriction. We may also disclose information to disaster relief authorities so that they can be notified of your location and condition.

Other uses of Medical Information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

PHI rights

Under federal law, you have certain rights regarding the PHI we collect and maintain about you.

- You may request that we communicate with you by alternative means, such as making records available for pick-up or mailing them to an alternative address. If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review of that decision.
- You may request that we amend the PHI about you that is maintained in our files by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information is not maintained by us, or if we determine that your record is accurate. You may submit a written statement of disagreement with a decision by us not to amend a record, which will be added to your record.
- You may request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and healthcare operations; circumstances in which you have specifically authorized such disclosure, and certain other exceptions.
- You may request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- You may request a paper copy of this Notice.

Complaints

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may file a written complaint with the practice.
- If you are not satisfied with the response, you may send a complaint to the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, SW Room 509F, HHH Building, Washington DC 20201, by calling 800-368-1019, or by emailing ocrprivacy@hhs.gov. Under no circumstances will you be penalized or retaliated against for filing a complaint.

We reserve the right to amend the terms of this notice at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and make copies available to you. (updated 12/9/13)