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NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE
USED, DISCLOSED AND SAFEGUARDED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.

Please Review Carefully

I. OUR RESPONSIBILITY

The confidentiality of your personal health information is very important to us. Your health information includes records that we create and obtain when we provide you with care, such as a record of your symptoms, diagnoses, treatments, and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care. "Protected health information" is any data we create or receive that relates to your past, present or future health care or medical condition that may be used to identify you. It includes written information, such as your medical chart or billing data, and information that is disclosed orally. This Notice describes how we handle your health information and your rights regarding this information. Generally speaking, we are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of our duties and privacy practices regarding the health information about you that we collect and maintain; and
- Follow the terms of our Notice currently in effect

II. OUR CONTACT INFORMATION

After reviewing this Notice, if you need further information or want to contact us for any reason regarding the handling of your health information, please direct any communications to the following contact person:

**Privacy Officer: Aimee O’Keefe, LCSW-R, 6 Automation Lane, Suite 106, Albany, NY 12205
(838) 217-3612**

III. USES AND DISCLOSURE OF INFORMATION

We will not release your personal health information to any third party except in the following circumstances:

- With Your Express Consent for Treatment and Payment Purposes

This consent may be in writing, oral, or implied.

Examples:

- You send us a written request to send a copy of your records to another physician who maybe providing treatment to you.
- You ask us to submit a health insurance claim form to your insurance carrier or you seek treatment from us because we are a participating provider in your health plan.
- We may have to submit information to your health plan about treatment in order to obtain prior approval or to determine if your treatment will be covered.

- For Health Care Operations

Examples:

- To bill for services
- To set up appointments

- As Otherwise Permitted or Required by Federal or State Law or Regulations

Examples:

- In an emergency situation
- For child abuse and neglect reporting and investigation

- Pursuant to your written authorization

We will not release to any third party in connection with any other uses and disclosures not described in this Notice, unless you grant us written authorization to do so.

Examples:

- We receive a request for medical information from a potential employer

- - In connection with use or disclosure of psychotherapy notes

IV. OTHER USES AND DISCLOSURES

In addition to uses and disclosures related to treatment, payment, and health care operations, we may also use and disclose your personal information without your express consent or authorization for the following additional purposes:

Required by Law

We may disclose your protected health information to the extent that it is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Health or Safety Threat

Consistent with our legal and ethical obligations, we may disclose protected health information about you based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to yourself, to identified individuals and the public, or in an emergency situation. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

For Public Health Activities

We may disclose health information about you to public health agencies, subject to the provision of applicable state and federal law, for the following:

- To prevent or control disease, injury or disability.
- To report child abuse or neglect to agencies authorized by law to receive these reports.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; we will only make this disclosure if you agree or when required or authorized by law.
- To report births and deaths
- To report reactions to medications or problems with products to the Food and Drug Administration (FDA).
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading the disease or condition.

Appointment Reminders and Other Health Services

We may use or disclose your health information to remind you about appointments or to inform you about treatment alternatives or other health-related benefits and services, such as case management or care coordination.

Business Associates

We may share health information about you with business associates who are performing services on our behalf. For example, we may contract with a company to do our billing. Our business associates are obligated to safeguard your health information. We will share with our business associates only the minimum amount of health information necessary for them to assist us.

Communication with Family and Friends

We may disclose information about you to a person who is involved in your care or payment for your care, such as family members, relatives, or close personal friends. In addition, we may notify a family member, your personal representative, or other person responsible for your care, of your location, general condition, or death. Any such disclosure will be limited to information directly related to the person's involvement in your care. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstances, we will use our professional judgement to determine what is in your best interest regarding any such disclosure.

Coroners, Funeral Directors and Organ Donation

In the event of your death, we may disclose health information about you to a coroner or medical examiner, for example, to assist in identification or determining cause of death. We may also disclose health information to funeral directors to enable them to carry out their duties. Protected health information may be used and disclosed for organ, eye, or tissue donation purposes.

Disaster Relief

We may disclose health information about you to government entities or private organizations (e.g., Red Cross) to assist in disaster relief efforts. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated, we will use our professional judgement to determine what is in your best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.

Health Oversight

We may disclose protected health information about you pursuant to a court order in connection with a judicial or administrative proceeding, in accordance with our legal obligations. This information may be disclosed to a health agency for its oversight activities, such as audits, investigations, inspections, licensure or disciplinary actions.

Legal Proceedings

If you are involved in a lawsuit or dispute, we may release health information about you in response to a court or administrative order. We may also release health information about you in response to a court order, subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information required.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including disclosures:

- in response to a court order, subpoena, warrant summons or other similar process.
- to identify or locate a suspect, fugitive, material witness, or missing person.
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- about a death we believe may be the result of criminal conduct.
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Personal Representative

If you are an adult or emancipated minor, we may disclose protected health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

Research

We may disclose your protected health information to researchers if an institutional review board reviews and approves the research proposal and protocols to ensure your privacy.

Specialized Government Functions

We may disclose protected health information about you for certain specialized government functions, as authorized by law and depending on the particular circumstances. Examples of such specialized government functions include military activities, determination of veteran's benefits, and emergency situations involving the health, safety, and security of public officials.

Workers Compensation

Your protected health information may be disclosed to comply with workers' compensation laws and other legally-established programs.

Military

If you are a veteran or current member of the armed forces, we may release your health information as required by military command or Veterans Administration Authorities.

V. YOUR HEALTH INFORMATION RIGHTS

When it comes to your protected health information, you have certain rights regarding the information that we collect and maintain about you. This includes the rights to:

- Request that we not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not, however, required to agree to all requested restrictions, unless the requested restriction involves information to be sent to a health plan for payment or health care operations purposes, and the disclosure relates to products or services that were paid in full and such disclosure is not otherwise required by law.
- Request to receive confidential communications from us by alternative means or at an alternative location, such as making records available for pick-up, or mailing them to you at an alternative address. We will accommodate reasonable requests for such confidential communications. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.
- Request to inspect, or receive a copy of, the protected health information that is maintained in our files as long as we maintain those files. This includes medical and billing records and any other records that are used to make decisions about your treatment. However, under federal and state law, you may not inspect or copy information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or protected health information that is subject to

law that prohibits access to protected health information. We may deny your request under certain circumstances, but in some cases, you may have this decision reviewed. At your request, we will discuss the details of the request and denial process.

- Request that we amend the health information about you that is maintained in our files for as long as we maintain this information. Your written request must explain why you believe our records about you are incorrect, or otherwise require amendment. Ordinarily, we will respond to your request for an amendment within 60 days. In certain cases, we may deny your request for an amendment. For example, we may deny your request to amend information that was: (a) not created by us, (b) is not part of the health information kept by us, (c) is not part of the information which you would be permitted to inspect or copy, or (d) is determined to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

- Request an accounting of certain disclosures we have made, if any, of your protected health information. This list will not include health information releases that were made: (1) for purposes of providing treatment to you, obtaining payment for services, or releases made for other administrative or operational purposes; (2) for national security purposes; (3) to correctional and other law enforcement custodial situations; (4) based on your written authorization; (5) to persons who are involved in your care. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

- Receive a paper copy of this Notice from us, upon request, even if you have agreed to accept this notice electronically. In order to exercise any of your rights described above, you must submit your request in writing to our contact person (see section II above for information). If you have questions about your rights, please speak with our contact person, available in person or by phone during normal office hours.

VI. WHAT IS NOT COVERED UNDER THIS NOTICE

- ❖ Confidential HIV Related Information: Under New York State Law, confidential HIV-related information (information concerning whether or not you have had an HIV-related test, or have HIV infection, HIV-related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV), cannot be disclosed except to those people you authorize in writing to have it.

- ❖ Alcohol or Substance Abuse Treatment Information: If you have received alcohol/substance abuse treatment from an alcohol/substance use program that receives funds from the United States government, federal regulations may protect your treatment records from disclosure without your written authorization.

VII. NOTICE OF BREACH OR HEALTH INFORMATION

In the unlikely event that your health information is inadvertently acquired, accessed, used by, or disclosed to an unauthorized person, we will provide you with a written notice

of such breach. The notice will be sent without unreasonable delay and in no case later than 60 calendar days after discovery of a breach.

VIII. TO REQUEST INFORMATION OR FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to our privacy officer. You may also make a complaint to the Secretary of Health and Human Services if you believe your rights have been violated by us. We will not retaliate against you for filing a complaint.

IX REVISIONS TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that we maintain, including information about you collected or obtained before the effective date of the revised Notice. If we revise or update the notice with a material change, we will re-distribute the Notice to all patients. If the revision or update is non-material, we will provide the new Notice to all new patients at the first date of service and to all current patients only upon request.