

GENESEE VASCULAR LAB, INC.

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of services you receive in our office. We need this record to provide you with quality care and to comply with certain legal requirements. Your personal doctor may have different policies or notices in effect in his/her private office.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your right and certain obligations we have regarding the use and disclosure of medical information.

The Law requires us to:

- Make sure that medical information that identified you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment. We may use medical information about you to provide your family members or others involved in your care with information that may be pertinent to your care.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, to an insurance company or a third party.

For Health Care Operations. We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run this office and receive that our patients receive quality care.

Appointment Reminders and Call Backs. We may use and disclose medical information to contact you as a reminder that you have an appointment for a test in our office.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

As Required by Law. We will disclose medical information about you when required to do so by federal, state, or local law.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Health Oversight: We may disclose medical information to health oversight agencies for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

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

Law Enforcement. We may release medical information if asked to do so by a law enforcement official in response to a court order. To identify or locate a suspect, witness or missing person, about the victim of a crime, about a death believed to be a result of criminal conduct, about criminal conduct on the premises of the practice, and in emergency circumstances to report a crime.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following right regarding medical information we maintain about you.

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer.

Right to Amend. If you feel that medical information we have about you is incomplete or incorrect, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. You should contact the Privacy Officer to discuss this process (585) 454-6610.

Right to an Accounting of Disclosures.

You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you. You should contact the Privacy Officer to discuss this process (585-454-6610).

Right to Request Restrictions.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You must make your request in writing to the Privacy Officer.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the Privacy Officer.

Right to a Paper Copy of this Notice.

You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, please ask at the Front Desk.

CHANGES TO THIS NOTICE –

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our waiting room. The notice will contain on the first page, right top-hand corner, the effective date.