

HARMON PEDIATRICS, P.C.
Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please read it carefully.

Uses and Disclosures

Treatment Your health information may be used by staff members or disclosed to other health care professionals for evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or from credit card companies that you may use to pay for services. For examples, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

Health care operations Your health information may be used as necessary to support day-to-day activities and management of Harmon Pediatrics, P.C. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law enforcement Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations and to comply with government mandated reporting.

Public health reporting Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable disease to the state's public health department.

Other uses and disclosures require your authorization Disclosures of your health information or its use of any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

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Additional Uses of Information:

Appointment Reminders Your health information will be used by our staff to send appointment reminders.

Information about treatments Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products, treatment or services that we believe may be of interest to you.

To avert a serious threat to public safety

For worker's compensation or similar programs to process claims

Uses and disclosures in domestic violence, child abuse or neglect situations

To a coroner, medical examiner or funeral director for examination of a body

Business Associates

Your health information may be disclosed to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contracts.

INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards. These include:

- **The right to request restrictions on the use and disclosure of your protected health information.** You have a right to request a restriction or limitation on the use or disclosure of your medical information for treatment, payment, and health care operations or to someone involved in your care or payment for your care. We are not obligated to agree with your request. If we are in agreement, we will comply with your request, unless the information is necessary to provide emergency treatment to you. You must submit your request in writing to: Practice Manager, Harmon Pediatrics, 185 E 85th St, New York, NY 10028
- **The right to receive confidential communications concerning your medical condition and treatment.** With regards to medical matters, you have the right to request how you want us to send and where you would like communications sent to you. We will accommodate reasonable requests. Send confidential communication, send request to: Practice Manager, Harmon Pediatrics, 185 E 85th Street, New York, NY 10028.

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INDIVIDUAL RIGHTS (CON'T)

- **The right to inspect and copy your protected health information**, which can include billing and medical records, but not psychotherapy notes, information compiled or use in a criminal, civil or administration action or proceeding and protected health information which access is prohibited by law. You must submit request via writing to: Practice Manager, Harmon Pediatrics, 185 East 85th Street, Office 1, NY, NY 10028. You may be charged a fee for copying, mailing. We may deny your request in certain limited circumstances. If your request is denied, you have the right to request review by another independent licensed professional, not involved in your care and we will comply with the outcome of the review.
- **The right to amend or submit corrections to your protected health information.** If you feel that medical information that we have about you is incorrect, you have the right to ask to amend that information, as long as the record is kept by and created by our office. You must submit your request to: Practice Manager, Harmon Pediatrics, P.C., 185 East 85th Street, Office 1, New York, NY 10028.
- **The right to receive an accounting of how and to whom your protected health information has been disclosed.** You have the right to request a list of disclosures we made of your medical information. You must submit your request in writing to: Practice Manager, Harmon Pediatrics, P.C., 185 East 85th Street, Office 1, New York, NY 10028.
- **The right to receive a printed copy of this notice.** You have the right to receive a paper copy of Harmon Pediatrics P.C.'s current Privacy Practices Notice at any time. If you received an electronic copy, you can still receive a paper copy. To get a paper copy, contact the Practice Manager, Harmon Pediatrics, P.C., 185 East 85th Street, Office 1, New York, NY 10028.

Harmon Pediatrics P.C.'s Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

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Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Complaints

If you would like to submit a complaint or comment about our privacy practices, you may do so by sending us a letter outlining your concerns to:

Dr. Ruby M. Harmon
Harmon Pediatrics, P.C.
185 East 85th Street, Ofc 1,
New York, NY 10028

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Dr. Ruby M. Harmon
Harmon Pediatrics, P.C.
185 East 85th Street, Ofc 1
New York, NY 10028

Effective Date

This notice is effective on or after August 29, 2016.