NOTICE OF PRIVACY PRACTICES

THIS 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.

If you have any questions about this notice, please contact our Privacy Officer at:
560 White Plains Road, Suite 500
Tarrytown, New York 10591
(914) 333-5896

WHO WILL FOLLOW THIS NOTICE

This notice describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required by law to maintain the privacy of your protected health information and to give you this notice stating our legal duties and privacy practices with respect to your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our notice at any time. A revised notice will be effective for all protected health information that we maintain. A revised Notice of Privacy Practices will be made available to you either by contacting our office and requesting that one be sent to you in the mail or asking for one at the time of your next appointment. You can also obtain a revised Notice by accessing our website at www.entandallergy.com.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment We may use and disclose your protected health information to provide, coordinate, or manage your medical treatment and related services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering CT Scans. Other heath care providers may be part of your medical care outside of this office and may require information about you that we may have.

For Payment We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Appointment Reminders We may use your health information to generate an appointment reminder that will be sent to you by telephone, email, text message, or other means and informs you of the date, time and location of your next appointment.

Treatment Alternatives and Health-Related Products and Services We may tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may use your name and address to send you a brochure about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you.

SPECIAL SITUATIONS

We may use or disclose health information about you **without your permission** for the following purposes, subject to all applicable legal requirements and limitations:

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

Public Health Activities We may disclose health information 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 related to the quality, safety, or effectiveness of FDA-regulated products of services and to report reactions to medications or problems with products;
- 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;
- to notify the appropriate government authority 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.

To Avert a Serious Threat to Health or Safety Subject to applicable law, we may use and disclose health information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. We may also use and disclose your health information if necessary for law enforcement authorities to identify or apprehend an individual.

Health Oversight Activities We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws or other legal or regulatory requirements.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena or other legal process.

Specialized Governmental Functions In certain circumstances we may be required to disclose information about you to authorized governmental agencies for national security activities or for protective services for the President or other authorized persons.

Workers' Compensation We may release health information about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

Law Enforcement We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, 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;
- 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.

Military and Veterans If you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Disaster Recovery Efforts When permitted by law, we may coordinate our uses and disclosures of protected health information with public entities authorized by law or by charter to assist in disaster relief efforts.

Incidental Disclosures Subject to applicable law, we may make incidental uses and disclosures of protected health information. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may release information to a Funeral Director, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

Organ and Tissue Donation If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Research We may use and disclose health information about you for research projects that are subject to a special approval process and the requirements of applicable law.

Family and Friends We may disclose to your family members or friends health information about you which is directly relevant to their involvement in your care or payment for your care, if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up your health information or records, for example, X-rays. Additionally, we may use or disclose your protected health information to notify or assist in the notification of a family member or friend responsible for your care or your location, general condition or death.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific written *Authorization.* Most disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute the sale of your health information require your prior written authorization. We may, however, provide you with marketing materials in a face to face encounter without your authorization or communicate with you about treatment alternatives or other health related products and services that may be beneficial to you in relation to your treatment. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization,* in writing, at any time. If you revoke your *Authorization,* we will no longer use or disclose information about you for the reasons covered by your written *Authorization,* except to the extent that we have already taken action in reliance on your authorization.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization*) from you. In order to disclose these types of records for purposes of treatment, payment and health care operations, we will have a special written authorization that complies with the law governing HIV or substance abuse records, when required by applicable law.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy You have the right to inspect and/or obtain a copy of your health information, such as medical and billing records for as long as we maintain that information. This includes the right to receive in an electronic format a copy of your health information that is maintained as part of an electronic health record and to have the electronic record transmitted directly to an entity or person designated by you. You must submit a written request to your physician in order to inspect and/or obtain a copy of your health information. If you request a copy of the information, we may charge a fee for the costs of copying as approved by state law. We will try our best to provide your health information to you in the form or format requested by you if such form or format is available. If it is not, the information will be provided in a readable hard copy form or such other agreed upon form. We may deny your request to inspect and/or copy in certain limited circumstances. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

Right to Amend If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/ Correction Form to the Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
b) Is not part of the health information that we keep.
c) You would not be permitted to inspect and copy the record at issue.
d) Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of certain limited disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. We may charge you for the costs of providing the list but you may request one free accounting per year. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment and health care operations.

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 with emergency treatment.

You may also request that we restrict disclosure to your health plan of any health information related to an item or service for which you or someone on your behalf, other than the health plan, paid us in full. If you make such a request we will not disclose such health information to your health plan as part of our payment or health care operations unless we are otherwise required to do so under the law.

To request restrictions, you may complete and submit to the Privacy Officer *the Request For Restriction On Use/Disclosure Of Medical Information and/or Confidential Communication Form*.

Right to be Notified in the Event of a Breach We are required to notify you in the event of a breach of your unsecured health information as soon as possible but no later than sixty (60) days after we discover the breach. Unsecured health information is information that is not deemed unreadable, unusable, or indecipherable using technology, such as encryption, or other means specifically approved by the Secretary of the U.S. Department of Health and Human Services. Any required notice will include a description of the breach, the unsecured health information involved, steps you might take to protect yourself, a summary of our investigation, and how to contact us for more information.

Right to Request Confidential Communications You have the right to reasonably 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.

To make such a request, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication* to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice You have the right to request a paper copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy please contact your physician's office.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer, Aviah Cohen Pierson at (914) 909-7202 or apierson@entandallergy.com. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective July 23, 2013