

Your Protected Health Information (PHI):

Throughout this notice we will refer to your protected health information as PHI. Your PHI includes data that identifies you and reports about the care and services you receive at the Center.

This notice applies to all of the records, both electronic and paper, about your care. It includes all information created by Meadowbrook Endoscopy Center staff. This staff includes physicians and other health care professionals.

This notice about our privacy practices explains how, when, and why we use and share your PHI. We may not use or disclose any more of your PHI than is necessary, with some exceptions. If state law is more protective of your privacy, we will follow state law.

Changes to This Notice: We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this notice and post a new notice.

Uses of Protected Health Information: Meadowbrook Endoscopy Center collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the *property* of Meadowbrook Endoscopy Center but the information in the medical record belongs to you.

We use and disclose health information for many reasons. The following examples describe some of the categories of our uses and disclosures. Please note that not every use or disclosure in a category is listed.

Treatment. We may use and disclose medical information about you to physicians, nurses, technicians, or other health care professionals who are involved with your care. For example, if you have a biopsy we may disclose your PHI to the Pathology lab. Different health care professionals, such as a pharmacist and lab technician, also may share information about you in order to coordinate your care. In addition, we may send information to the physician who referred you to Meadowbrook Endoscopy Center.

Payment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services we provided to you. For example, we may provide PHI to an insurance company or other third party payor in order to obtain approval for treatment.

Health care operations. We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of health care services you received or to evaluate the performance of health care professionals who cared for you.

Appointment reminders and health-related benefits or services. We may use your PHI to provide appointment reminders or give you information about treatment alternatives or other health care services.

Public health activities. We report information about deaths, and various diseases to government officials in charge of collecting that information.

Law enforcement. We may disclose PHI to government agencies and law enforcement personnel when the law requires it. For example, we report about victims of abuse, neglect, and domestic violence, and when ordered to do so in judicial or administrative proceedings.

Health oversight activities. We may disclose PHI to a health oversight agency for audits, investigations, inspections, and licensure, as authorized by law. For example, we may disclose PHI to the Food and Drug Administration, state Medicare fraud control, or the Department of Health and Human Services.

Uses and Disclosures for Which You Have the Opportunity to Object

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person you tell us is involved in your care or involved in the payment of your health care, unless you object in whole or in part. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest.

Except as described above all other uses and disclosures of your PHI will require your authorization.

Your Rights Regarding PHI: You have the right to:
Request Restrictions. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will honor that request except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Privacy Officer.

Request Confidential Communications. You have the right to ask that we send PHI to you at an alternate address. For example, you may wish to have appointment reminders and test results sent to an address different from your home address. We will accommodate reasonable requests.

Inspect and Copy. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually this includes the medical record and billing records. To inspect and obtain a copy of your medical information, you must submit your request **in writing** to the Privacy Officer. We will make every effort to respond to your request within a reasonable period of time. You may be charged a fee to cover the costs of copying, mailing, or other supplies associated with your request.

Accounting of Disclosures. You have the right to obtain a list of instances in which we have disclosed your PHI. Your request must state a time period not longer than six years and your request may not include dates before August 31, 2008. To request an accounting of disclosures, contact the Privacy Officer.

Amend. You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your medical record or in a billing record. You may request an amendment for as long as that record is maintained. You may submit a written request for an amendment to the Privacy Officer.

Meadowbrook Endoscopy Center may deny your request for an amendment if: it is not in writing, the information was not produced by Meadowbrook Endoscopy Center, or we decide the information is accurate and complete.

Revocation of Permission

If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. To request revocation of permission, contact the Privacy Officer.

If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written revocation. We are unable to take back any disclosures previously made with your permission. Also, we are required to keep all records of the care that we provided to you.

Complaints and Questions

If you believe your privacy rights have been violated, you may file a complaint with the Meadowbrook Endoscopy Center or with the Department of Health and Human Services.

To file a complaint with the Meadowbrook Endoscopy Center, contact the Administrator at 516 542-3636 ext 30. You will not be penalized for filing a complaint and your care will not be compromised.

If you have questions about this notice, any complaints about our privacy practices, or you would like to have more information, please contact the Privacy Officer.

This notice is in effect as of August 31, 2008.



PRIVACY NOTICE

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.

As your health care provider, we are legally required to protect the privacy of your health information, and to provide you with this notice about our legal obligations and privacy practices. This requirement applies to all patients served by Meadowbrook Endoscopy Center. If you have any questions or want more information about this notice, please contact our Privacy Officer:
Tina Donnelly, RN at 516 542-3636 ext. 30