How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

www.nns.gov/ocr/priv	vacy/hipaa/understanding/consumers/index.html.	and now y					
Help with public health and safety issues	 We can share health information about you for certain situations such as: Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety 	Your Rights					
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.						
Respond to organ and tissue donation requests	 We can share health information about you with organ procurement organizations. 						
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.						
Address workers' compensation, law enforcement, and other government requests	 We can use or share health information about you: For workers' compensation claims For law enforcement purposes or with a law enforcement official, including sharing your information with law enforcement if you are an inmate or otherwise in custody of law enforcement if such information is necessary to provide for your own and/or other's health and safety With health oversight agencies for activities authorized by law For special government functions such as military, national security, and presidential protective services 	Your Choices					
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.						
Our Responsibilitie	25						
 We are required by law to maintain the privacy and security of your protected health information. 							
 We will let you kno privacy or security 	 We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. 						
• We must follow the duties and privacy practices described in this notice and give you a copy of it.							

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date: September 23, 2013



MORRIS HEIGHTS HEALTH CENTER 85 West Burnside Avenue, Bronx, NY 10453

Privacy Officer Phone: 718-716-4400 Website: www.mhhc.org

Your Information. Your Rights. Our Responsibilities.

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.

uations			
ence		You have the right to: • Get a copy of your paper or electronic medical record • Request corrections to your paper or electronic med • Request confidential communication	dical record
ealth 's	Your Rights	 Ask us to limit the information we share Get a list of those with whom we've shared your information Get a copy of this privacy notice Choose someone to act for you File a complaint if you believe your privacy rights have been violated A comprehensive Care Plan from our practice to help you understand how to care for your conditions so that you can be as healthy as possible 	See page 2 for more information on these rights and how to exercise them
ent	Your	You have some choices in the way that we	See page 3
th I	Choices	use and share information as we:Tell family and friends about your conditionProvide disaster relief	for more information on these choices and
onal		 Provide mental health care Market our services and sell your information 	how to exercise them

- Market our services and sell your information
- Raise funds

We may use and share your information as we:

- Treat vou
- Run our organization
- Bill for your services • Help with public health and safety issues
- Disclosures Comply with the law
 - Respond to organ and tissue donation requests
 - Work with a medical examiner or funeral director
 - Address workers' compensation, law enforcement, and other government requests
 - Respond to lawsuits and legal actions

See pages 3 and 4

for more information on these uses and disclosures

Uses and

Your		When it comes to your health information, you have certain rights.	Your		certain health information, you can tell us your choices out what we share.			
Rights		This section explains your rights and some of our responsibilities to help you.	Choices	lf yo the	If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us			
Get an electronic or paper copy of	•	You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.		to c	 o, and we will follow your instructions. Share information with your family, close friends, 			
your medical record	•	, We will provide a copy or a summary of your health	In these cases, you have both the right and choice to tell us to:		or others involved in your care			
100014		information, usually within 30 days óf your request. We may charge a reasonable, cost-based fee.			Share information in a disaster relief situation			
Ask us to	•	You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.			If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.			
correct your medical record	•	We may say "no" to your request, but we'll tell you why in writing within 60 days.						
Request confidential		You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.						
communications	•	We will say "yes" to all reasonable requests.	In these cases w never share you information unle you give us writt		r			
	•	You can ask us not to use or share certain health information for treatment, payment, or our operations, We are not required						
Ask us to limit what we use or share		to agree to your request, and we may say "no" if it would affect your care.	permission:					
	•	If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.	In the case of fundraising:		• We may contact you for fundraising efforts, but you can tell us not to contact you again.			
Get a list of those with whom we've shared information	•	You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.	Our	How do we typically use or share your health information? We typically use or share your health information in the following ways				
	•	We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.	Uses and Disclosures	the ways we are permitted to use or share your information will fall within one of the categories listed				
Get a copy of this privacy notice	•	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.	Treat you	·	 We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition. 			
Choose someone to act for you	•	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.	Run our organization	•	 We can use and share your health information to run our practice, improve Example: We use health information about you to manage your treatment 			
	•	We will make sure the person has this authority and can act for you before we take any action.			your care, and contact you when necessary. appointment reminders.			
	•	You can complain if you feel we have violated your rights by contacting us using the information on page 1.	Bill for your services		We can use and share Example: We give			
File a complaint if you feel your rights are violated	•	You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/ privacy/hipaa/complaints/.			your health information to bill and get payment from health plans or other entities.			
	•	We will not retaliate against you for filing a complaint.	continued on nex	xt pa <u>c</u>	i Je			

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