

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO SAID MEDICAL INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

I. PURPOSE OF NOTICE

This notice describes the privacy practices of **CHRISTINE RUSSO-MAYER, Au.D.**

II. OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your medical and health related information (**Protected Health Information or 'PHI'**) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice or other notice in effect at the time of the use or disclosure.

III. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, described in Section IV below, we must obtain your written authorization in order to use and or disclose your PHI. However, your written authorization is not required for the following uses and disclosures of your PHI:

A. Uses and Disclosures for Treatment, Payment and Health Care Operations

We may use and disclose PHI in order to treat you, obtain payment for services provided to you and to conduct our 'health care operations' (e.g., internal administration, quality improvement and customer service) as detailed below:

- **Treatment:** We use and disclose PHI to provide treatment and other services to you, i.e., to diagnosis and treatment of your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
- **Payment:** We may use and disclose PHI to obtain payment for services that we provide to you, i.e., disclosures to claim and obtain payment from your health care insurer, HMO or any other company that arranges payment or makes payment for some or all of your health care (Your Payor) or to verify that Your Payor will pay for your health care.
- **Health Care Operations:** We may use and disclose PHI for our health care operations, which include internal administration and planning and various other activities that improve the quality and cost-effectiveness of the care that we provide to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care providers. We may also disclose PHI to resolve any complaints you may have and ensure that your visits to our office are pleasant and satisfactory. We may need to disclose PHI to your other health care providers in cases where such PHI is needed for your treatment, payment for your treatment or to conduct certain health care operations, including detection of health care fraud and quality assessment.

B. Disclosure to Relatives, Close Friends and Other Caregivers

We may use or disclose PHI to a relative, close personal friend or any other person identified by you, prior to the disclosure. If you object to such uses or disclosures, please contact the Office Manager, Elizabeth (Bess) Millson. If you are not present, are incapacitated or if there is an emergency situation, we may exercise our professional judgment to determine whether a disclosure may be in your best interests. If we disclose information to a family member or close personal friend, we would only disclose information directly related to the person's involvement in your health care or payment associated with your health

care. We may also disclose PHI in order to notify or to assist in notifying such persons of your location, general condition or death.

C. Public Health Activities

We may disclose PHI for the following public health activities:

- To report health information to public health authorities to prevent or control disease, injury or disability
- To report child abuse and neglect to public health authorities or other government authorities legally authorized to receive such reports.
- To report information about products and services under the jurisdiction of if the U.S. Food and Drug Administration
- To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- To report information to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance.

D. Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

E. Health Oversight Activities

We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceedings

We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials

We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents

We may disclose PHI to a coroner or medical examiner as authorized by law.

I. Organ and Tissue Procurement

We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Research

We may use or disclose PHI without your consent or authorization if an Institutional Review Board/Privacy Board approves a waiver of authorization for disclosure.

K. Health or Safety

We may use or disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of any individual or the public, at large.

L. Specialized Government Functions

We may use or disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances required by law.

M. Workers' Compensation

We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs.

N. As Required By Law

We may use and disclose PHI when required to do so by any other law not referred to in the preceding categories.

IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

A. Use or Disclosure with Your Authorization

In order to disclose or use your PHI for any purpose other than the ones described in Section III, we will need your written authorization. You will need to execute a written authorization before we can disclose your PHI to your insurance company, your child's camp or school, or to an attorney.

B. Special Authorization

Confidential HIV-related information will never be used or disclosed without your specific written authorization, except to other persons who need such information in connection with your medical care and in certain limited circumstances, to public health or other government officials, as required by law, to persons specified in a special court order, to insurers as necessary for payment for your care or treatment, or to certain persons with whom you have had sexual contact or have shared needles or syringes (in accordance with a specific process set forth in New York State law). This special written authorization is a New York State approved form, separate from any other written authorization you may have executed in regards to your PHI. Outside of this special authorization, only one type of disclosure of confidential HIV related information which is permitted with your written authorization, disclosures to a third party payor for any reason other than obtaining payment for health care services provided to you.

C. Marketing Communications

We must obtain your written authorization prior to using your PHI to send you any marketing material, via electronic or standard mail. We can, however, provide you with marketing materials or promotional gifts of nominal value, in face-to-face encounters, without obtaining your written authorization. In addition, we may communicate with you about products or services relating to your treatment, case management, care coordination, alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health related services and products that may be beneficial to your health and then contact you about such services or products.

V. YOUR INDIVIDUAL RIGHTS

A. For Further Information or Complaints

If you would like further information about your privacy rights, are concerned about violation of those rights or disagree with a decision made about access to your PHI, please contact our Office Manager. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with us or with the Director.

B. Requesting Additional Restrictions

You may request restrictions on our use of PHI for any of the purposes stated in Section III, Sub-sections A and B. All requests for such restrictions must be made in writing and will receive a written response. While we will consider all such requests, we are not required to agree to them.

C. Receiving Confidential Communications

You may request and we will accommodate any reasonable written requests for you to receive PHI by alternative means of communication or at alternative locations.

D. Inspection and Copying of Your PHI

You may request access to your medical record file and billing records for the purpose of inspecting and copying said records provided that such requests are made in writing. Under limited circumstances, we may deny you access to your records. If you request copies of your records, we may charge you no more than \$0.75 per page. Please take note that if you are a parent or legal guardian of a minor, certain portions of the minor's record will not be accessible to you. Inaccessible portions of the minor's record include any records pertaining to venereal disease, abortion or care and treatment to which the minor is permitted to consent without your consent such as HIV testing STD diagnosis and treatment, chemical dependence treatment, prenatal care, care received by a married minor and contraception and or family planning services.

E. Revoking Your Authorization

You have the right to revoke any authorizations you may have given, to the extent that we have taken action in reliance upon it, by, by delivering a written revocation statement to the Office Manager identified below.

F. Amending Your Records

You have the right to request that we amend PHI in your medical record or billing records maintained in this office. All requests for amendments must be made in writing. We will comply with your request to the extent that doing so will not render your medical records inaccurate or incomplete.

G. Receiving An Account of Disclosures

You may submit a written request for an accounting of certain disclosures of your PHI made by this office during any period of time prior to your request provided that such a period does not exceed six years. If you request an accounting more than once during a 12 month period, we will charge you \$0.75 per page for such an accounting.

H. Receiving a Paper Copy of this Notice

You may request a paper copy of this notice.

VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

A. Effective Date: This Note is Effective on July 11, 2005.

B. Right to Change Terms of this Notice: We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised Notice in the waiting area for this Practice. You may also obtain the revised Notice by contacting the Office Manager.

VII. OFFICE MANAGER

You may contact the **Office Manager, Elizabeth (Bess) Millson** at:

CRM Audiology, PC
244 Westchester Avenue, Suite 215
White Plains, NY 10604
914-997-9100