

Brooklyn Gastroenterology and Endoscopy PLLC

Notice of Privacy Practices

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic Or paper copy Of your medical record	<p>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.</p> <p>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</p>
Ask us to correct Your medical record	<p>You can ask us to correct health information about You that you think is incorrect or incomplete. Ask us How to do this.</p> <p>We may say "no" to your request, but we'll tell you why in writing within 60 days.</p>
Request confidential communications	<ul style="list-style-type: none">• 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.• We will say "yes" to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health Information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say "no" if it would affect your care.• If you pay for a service or health care item out- of-pocket in full, you 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.

Get a list of those with whom we've shared information	<p>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.</p> <p>-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 will provide one accounting per year for free but will charge a reasonable cost-based fee if you ask for another within 12 months.</p>
Get a copy of This privacy notice	<p>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.</p>
Choose someone to act for you	<ul style="list-style-type: none"> • 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. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by contacting us using the information on the back page. • 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. Room 509F HHH Bldg. Washington, D.C. 20201 • Email to OCRComplaint@hhs.gov • We will not retaliate against you for filing a complaint

Your Choice

For certain health information, you can tell us your choices about what we share. 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 to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a hospital directory
- Include your information in a hospital directory

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.

In these cases, we never share your information unless you give us written permission

- Marketing purposes
- Sale of your information
- Most sharing of therapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
-

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

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.
Run our organization	<ul style="list-style-type: none">We can use and share your health information run our practice, improve your care, and contact you when necessary.	Example: We use health information about you to manage your treatment and service.
Bill for your services	<ul style="list-style-type: none">We can use and share your health information to bill and get payment form health plans or other entities.	Example: We give Information about You to your health Insurance plan so it will Pay for your services.

Our Uses and Disclosures

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: <https://www.hhs.gov/hipaa/index.html>

Help with Public Health and Safety issues	<ul style="list-style-type: none">• We can share health information about you for Certain situations such as:<ul style="list-style-type: none">• 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
Do Research	<ul style="list-style-type: none">• We can use or share your information for health research
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 requested
Respond to Organ and Tissue Donation request	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For Worker's Compensation claims• For law enforcement purposes• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in Response to a subpoena.

Exceptions based on New York State Law:

1. NYS Public health Law section 18 requires medical practice to comply within 10 days of the request.
2. Public health law section 18 permits a reasonable charge not to exceed the cost incurred by the provider. The statute states that a reasonable charge: For " paper copies" may not exceed 75 cents per page.
3. NYS regulations 10 N.Y.C.R.R. section 63.5 and 63.6 provide, with limited exceptions, that confidential HIV-related information may only be disclosed pursuant to a specific written release of Confidential HIV-related information.

Our Responsibilities

We are required by the law to maintain the privacy and security of your protected health information.

- 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 practice 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.

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 web site.

This notice of Privacy Practices applies to the following organizations.

IF THERE ARE ANY QUESTIONS:

Please contact:

Scott Tenner, MD, MPH Director and Privacy Officer

Brooklyn Gastroenterology and Endoscopy PLLC

2211 Emmons Ave

Brooklyn, NY 11235

718-368-2960

drtenner@nygicare.com

www.NYGICARE.com

Brooklyn Gastroenterology and Endoscopy PLLC PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The observance of the following guidelines will provide more effective patient care and greater satisfaction for the patient, the physician and the individual that make up the office organization. It is recognition of the factors that these rights are affirmed.

The patient has the right to considerate and respectful care- cultural psychosocial, spiritual, personal values, beliefs, and preferences will be respected. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.

The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risk involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person(s) responsible for the procedure and/or treatment as well as person(s) responsible for their sedation and anesthesia.

The patient has the right to give consideration of his/ her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. Those not directly involved in his/her care must have permission of the patient to be present.

The patient has the right to obtain from physician complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. The patient has the right to be involved in decision about their care, treatment and services and the patient has the right to have their pain assessed, managed, and treated as effectively as possible.

The patient has the right, and when appropriate, the patient's family to be informed of unanticipated outcomes of care, treatment, and services that relate to sentinel or adverse reviewable events.

The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him/her.

The patient has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.

The patient has the right to know the mechanism for grievance as well as suggestions. The patient has the right to change their choice of physician.

The patient has the right to refuse care, treatment, and services in accordance with law and regulation. The patient has the right to dispute information in their medical record.

The patient has the right to examine and receive an explanation of his/her bill and to expect ethically billing practices.

Responsibility

The patient has the responsibility to provide the physician with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, and unexpected changes in the patient's condition.

The patient is responsible for asking questions when they do not understand what they are told or what they are expected to do.

The patient and family are responsible for following the practice's rules and regulations concerning patient care and conduct.

Payment. We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the hospital for a particular type of surgery. Finally, we may share your information with other providers for their payment activities, such as an ambulance company.

Business Operations. We may use your health information or share it with others in order to conduct our business operations which include internal administration, planning, and various activities that improve the quality and cost-effectiveness of the care that we deliver to you, such as performance improvement, utilization review, internal auditing, accreditation, certification, licensing, educational and credentialing activities. For example, we may use your health information to conduct patient satisfaction surveys, to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. We may disclose your health information to our patient representative in order to resolve any complaints you may have and ensure that you have a comfortable visit with us. Finally, we may share your health information with other health care providers and payers for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits and Services. In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising. To support our business operations, we may use demographic information about you, including information about your age and gender, where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf. If you do not want us to contact you for fundraising, you may contact the Office at (718) 368-2960.

Business Associations We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payments from your insurance company. We may share your health information with medical transcriptionists and copy services which assist us with copying your medical records. Other examples are that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law, or with an insurance company or risk management organization in order to obtain professional advice about how to manage risk and legal liability, including insurance or legal claims. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

Oversight Activities We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facilities. These government agencies monitor the operation of the health care system, government benefits programs such as Medicare and Medicaid, and compliance with government regulatory programs and civic rights laws.

Product Monitoring, Repair and Recall. We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of reporting about problems with products.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person

- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interest;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an off-site medical emergency (for example, by emergency medical technicians at the scene of a crime).

To avert a serious and imminent threat to health or safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted the fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activity Or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activity or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Army Forces, we may disclose health information about you to appropriate military command authorities for activities that deem necessary to carry Out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.