

**Maternal Fetal Medicine Associates, PLLC  
Carnegie Imaging for Women, PLLC**

**PRIVACY NOTICE**

**Effective March 1, 2007**

Maternal Fetal Medicine Associates, PLLC  
Carnegie Hill Imaging for Women, PLLC  
70 East 90<sup>th</sup> Street  
New York, NY 10128

**THIS NOTICE DESCRIBES THE TYPE OF INFORMATION WE GATHER ABOUT YOU, WITH WHOM THAT INFORMATION MAY BE SHARED AND YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT OUR PRIVACY OFFICER AT THE ADDRESS LISTED ON THE LAST PAGE OF THIS NOTICE**

**Who Will Follow This Notice**

This notice describes MFM Associates and Carnegie Hill Imaging for Women's practices regarding the use of your medical information and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of the MFM Associates and Carnegie Hill Imaging for Women entity providing services to you.
- Any member of a volunteer group we allow to help you while you are being cared for.
- All employees, staff and other personnel who may need access to your information.
- All members of the medical staff of the MFM Associates and Carnegie Hill Imaging for Women entity providing your care.

**Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive while in our care. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the applicable MFM Associates or Carnegie Hill Imaging for Women entities, whether made by hospital personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Keep medical information that identifies you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

## **How We May Use And Disclose Medical Information About You**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different healthcare professionals within the hospital and our offices also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital or our office who may be involved in your medical care after you leave the hospital or that provide services that are part of your care.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive 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 surgery you received at the hospital so your health plan

will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to run the practice. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other practice personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals or practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at a MFM Associates or Carnegie Hill Imaging for Women's facility.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital or medical practice. We will almost always ask for your specific

permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

**Business Associates:** There are some services provided in or for our organization through contacts with business associates. Examples include billing services to submit your claim to the insurance company for payment, transcription services to transcribe dictated reports from the health professionals caring for you in the hospital and copy services for making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do.

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

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

**Organ and Tissue Donation:** We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults; to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- 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 a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Law Enforcement:** We may release medical 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 if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release medical 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 also release medical information about patients to funeral directors as necessary to carry out their duties.

**Protective Services for the President, National Security and Intelligence**

**Activities:** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department of the applicable MFM Associates or Carnegie Hill Imaging for Women entity identified on the first page of this notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Amend:** If you feel that medical 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 for as long as the information is kept by or for the treating MFM Associates or Carnegie Hill Imaging for Women entity.

To request an amendment, your request must be made in writing and submitted to the Medical Records Department of the applicable MFM Associates or Carnegie Hill Imaging for Women entity identified on the first page of this notice. In addition, you must provide a reason that supports your request.

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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the treating MFM Associates or Carnegie Hill Imaging for Women entity;
- Is not part of the information which you would be permitted to inspect and copy;  
or
- 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 the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, as those functions are described above, or any disclosures that have been specifically authorized by you.

To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Department of the applicable MFM Associates or Carnegie Hill Imaging for Women entity identified on the first page of this notice. Your request must state a time period, which may not be longer than six years and may not include dates before June 1 2005. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

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 emergency treatment.

To request restrictions, you must make your request in writing to the Medical Records Department of the applicable MFM Associates or Carnegie Hill Imaging for Women entity identified on the first page of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications:** You have the right to 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 request confidential communications, you must make your request in writing to the Medical Records Department of the applicable MFM Associates or Carnegie Hill Imaging for Women entity identified on the first page of this notice. 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 a paper copy of this notice. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

A paper copy of this notice is also available at all reception areas of the MFM Associates or Carnegie Hill Imaging for Women entity identified on the first page of this notice.

## **Changes To This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in

each MFM Associates or Carnegie Hill Imaging for Women entity. The notice will contain on the first page, in the top right-hand corner, the effective date.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the treating MFM Associates or Carnegie Hill Imaging for Women entity or with the Secretary of the Department of Health and Human Services. To file a complaint with the MFM Associates or Carnegie Hill Imaging for Women organization, contact the Practice Administrator at (212) 722-7409.. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Privacy Officer:

Leslie Protomastro

Chief Privacy Officer

Maternal Fetal Medicine Associates, PLLC

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