

ospinamedical

NOTICE OF PRIVACY PRACTICES

At Ospina Medical we are committed to maintaining the privacy of your health information. We use a secure electronic health record to store your information and will only use or disclose your health information as described in this notice. You will be asked to sign an acknowledgement that you received this notice.

We are required by law to maintain the privacy of your protected health information (PHI), to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. Our duties and your rights are set forth more fully in 45 CFR Part 164. We are required to abide by the terms of our notice that is currently in effect.

1. **Uses and disclosures we may make without written authorization.** We may use or disclose your health information for certain purposes without your written authorization, including the following:

Treatment. We may use or disclose your information for purposes of treating you. For example, we may disclose your information to another health care provider so they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services we may offer.

Payment. We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other pay to obtain payment for treatment.

Healthcare Operations. We may use or disclose your information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care. For example, we may use information to train or review the performance of our staff or make decisions affecting the practice.

Other uses or disclosures. We may also use or disclose your information for certain other purposes allowed by 45 CFR Part 164.512 or other applicable law and regulations, including the following:

- To avoid a serious threat to your health or safety or the health or safety of others.
- As required by state or federal law such as reporting abuse, neglect, or certain other events.
- As allowed by workers compensation laws for use in workers compensation proceedings.
- For certain public health activities such as reporting certain diseases.

- For certain public health oversight activities such as audits, investigations, or licensure actions.
 - In response to a court order, warrant or subpoena in judicial or administrative proceedings.
 - For certain specialized government functions such as the military or correctional institutions.
 - For research purposes if certain conditions are satisfied.
 - In response to certain requests by law enforcement to locate a fugitive, victim, or witness, or to report deaths or certain crimes.
 - To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.
2. **Disclosures we may make unless you object.** Unless you instruct us otherwise, we may disclose your information as described below.
- To a member of your family, relative, friend, or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure of the information relevant to that person's involvement in your healthcare or payment.
 - To a **Health Information Exchange (HIE)** which allows for disclosure of your electronic health record via electronic transfer to other facilities and providers for your treatment purposes. Your health information and basic identifying information regarding your visits to our facilities may be shared with the HIEs for the purposes of diagnosis and treatment. This includes health information for your continuing care, as well as care you may seek at other locations. Other providers participating in HIEs may access this information for your treatment.
3. **Uses and disclosures with your written authorization.** Other uses and disclosures not described in this notice will be made only with your written authorization, including most marketing purposes. You may revoke your authorization by submitting a written notice to the practice. The revocation will not be effective to the extent we have already taken action in reliance on authorization.
4. **Your rights concerning your PHI.** You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the practice.
- You may request additional restrictions on the use or disclosure of information for treatment, payment, or healthcare operations. We are *not* required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.
 - We normally contact you by telephone, email, and possibly by SMS. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.

- You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.
 - You may request that your PHI be amended. We may deny your request for certain reasons, e.g., if we did not create the record or determine that the record is accurate and complete.
 - You may receive an accounting of certain disclosures we have made of your PHI. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.
 - You may obtain a paper copy of this notice upon request. You have this right even if you have agreed to receive the notice electronically.
5. **Changes to this notice.** We reserve the right to change the terms of this notice at any time, and to make the new notice effective for all PHI that we maintain. If we materially change our privacy practices, we will post a copy of the current notice in our reception area and on our website. You may obtain a copy of the operative notice from our practice.
6. **Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying any employee. All complaints must be in writing. We will not retaliate against you for filing a complaint.
7. **Contact Information.** If you have any questions about this notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact:

Ospina Medical
(212) 715-0888
635 Madison Ave. Suite 1301
New York, NY 10022
info@ospinamedical.com

8. **Effective Date.** This notice is effective as of January 6, 2020.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing this form, I acknowledge that I have received a copy of Ospina Medical's Notice of Privacy Practices.

Patient Name: _____ Date: _____

Signature: _____

Representative's Name (if applicable): _____

Representative's Signature: _____