

Notice of Privacy Practices for the Office of Robert A. Frisenda M.D.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please print and sign the last page and bring it to the office.

At the Office of Robert A. Frisenda M.D., we believe that individuals have a right to adequate notice of our policies, procedures and practices with respect to uses and disclosures of protected health information. Robert A. Frisenda M.D. is required by law to maintain the privacy of your health information and to provide you with a notice of our legal duties and privacy practices. We are required to and will abide by the terms in the Notice of Privacy Practices in effect at the time it is provided to you. You have the right to request a paper copy of this Notice of Privacy Practices even if we have provided a copy to you electronically by e-mail.

Robert A. Frisenda M.D. will not use or disclose your individually identifiable or protected health information other than to carry out health care treatment, payment, and/or operations for you, or as required by law. An example of treatment is a visit to our office for the purpose of diagnosis or care of a health issue wherein doctors, nurses, laboratory technicians, medical students and others will share the information about you in the course of your treatment. Payment includes sharing protected health information with an insurer or a third party that may be responsible for collecting payment from a health plan. Healthcare operations means sharing protected health information for the purpose of quality review.

Robert A. Frisenda M.D. will use and disclose protected health information to business associates in the course of providing treatment, securing payment for such treatment, and/or to facilitate health care operations of our practice, to facilitate the requirements of our business associates' contracts, and to comply with requests from other covered entities to carry out treatment, payment or health care operations.

Except for the purposes described above, Robert A. Frisenda M.D. will only use or disclose protected health information with your express written authorization and you may revoke the authorization at any time in writing. The revocation will apply only to future uses and disclosures. Any information Robert A. Frisenda M.D. provides to a third party other than to our business associates or other health care providers with a treatment relationship to you will be de-identified or stripped of any and all personal data which could be used to identify a specific individual.

Robert A. Frisenda M.D. may contact you to provide appointment reminders or to provide you with information about alternative treatments or other health-care services we provide. We may also contact you to raise funds. When receiving communications from us, you may request that we communicate with you at an alternate location or by alternate means and we will make every effort to accommodate your request. You may request that certain uses and disclosures of your protected health information be

restricted. To do so, you must provide the request in writing using the Request for Restriction on Use or Disclosure form available from our office. Robert A. Frisenda M.D. will determine if the information constitutes required information to carry out treatment, payment or health care operations. If, in our sole opinion, your request does not involve information that is required by us to carry out treatment, payment or health care operations, we will accept your request for restrictions and will notify you if your request will be honored within 30 days or as required by law.

With respect to your protected health information, you have the right to request and receive the following from Robert A. Frisenda M.D.:

- **Inspection and copying**—You may request a report containing your health information that has been collected by Robert A. Frisenda M.D. for you to inspect or copy. Such requests will be honored within 30 days or as required by law, and you will be notified in writing of Robert A. Frisenda M.D.'s receipt of the request and the date upon which the information will be available to you.
- **Amendment or correction**—You may request that we amend or correct your health information that has been collected by Robert A. Frisenda M.D.. Upon agreement by your health care provider, requests to amend health information will be honored within 30 days or as required by law, and you will be notified in writing of Robert A. Frisenda M.D.'s action taken.
- **Accounting of the disclosures**—You may request that we supply you with a listing of the disclosures of your protected health information which have been made by Robert A. Frisenda M.D. except those made for treatment, payment or health care operations, those required by the Final Privacy Rule or made pursuant to other law, and those made pursuant to your explicit authorization. Such requests will be honored within 30 days or as required by law, and you will be notified in writing of the date on which the accounting will be available to you. At a minimum, the accounting of disclosures will include the following information:
 - Date of each disclosure
 - Name and address of the organization of person who received the protected health information

Robert A. Frisenda M.D. has also required in our business associate contracts that they offer a means to provide such a listing for you. If you believe that your privacy rights have been violated or if you request additional information, you may send questions or complaints about this notice or Robert A. Frisenda M.D.'s privacy practices to us and/or to the Secretary of the Department of Health and Human Services (HHS) at 200 Independence Ave. SW, Washington, DC 20201. Such communication with Robert A. Frisenda M.D. should be directed to: Chief Privacy Officer, Robert A. Frisenda M.D., 52 Hooker Ave., Poughkeepsie, N.Y. 12601 or call 845-471-5115. Robert A. Frisenda M.D. will not retaliate against you for filing a complaint with the Secretary of HHS. Robert A. Frisenda M.D. reserves the right to revise this Notice of Privacy Practices at any time without prior notification. You may request a copy of the revised notice and we will provide it to you. This Notice of Privacy Practices is effective as of 4/14/03

Acknowledgment Form for the Notice of Privacy Practices

Robert A. Frisenda M.D., 52 Hooker Ave., Poughkeepsie, N.Y. 845-471-5115

BY FEDERAL LAW, WE ARE REQUIRED TO PROVIDE YOU WITH OUR NOTICE OF PRIVACY PRACTICES (LOCATED ABOVE AND ONLY SUMMARIZED BELOW). THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THE NOTICE IS TWO (2) PAGES LONG.

Summary:

As a patient, you have the following rights:

1. The right to inspect and copy you information;
2. The right to request corrections to your information;
3. The right to request that your information be restricted;
4. The right to request confidential communication;
5. The right to a report of disclosures of your information;
6. The right to a paper copy of the Notice.

We want to assure you that your medical/protected health information is secure with us. The Notice contains information about how we will insure that your information remains private.

Acknowledgment of Notice of Privacy Practices

“I hereby acknowledge that I have received a copy of this practice’s NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact Robert A. Frisenda M.D. at 845-471-5115.”

“I further understand that Robert A. Frisenda M.D will offer me updates to the **Notice of Privacy Practices** should it be amended, modified, or changed in any way. I, the undersigned, acknowledge that I have reviewed and understand the **Notice of Privacy Practices** . All of my questions have been answered.”

Signature: _____ Date: _____
Patient or Representative Name (please sign)

Print Name: _____
Patient or Representative Name (please print)

Patient refused to sign Patient was unable to sign

Reason: _____