

# METRO SPORTSMED®

## NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.*

If you have any questions about this notice, please contact our Privacy Officer at 718-369-8000.



## ABOUT THIS NOTICE

This is a joint Notice of Privacy Practices. This means that the provisions of the notice will apply to Metro SportsMed and entities with which Metro SportsMed has Business Associate Agreements (BAA). In this notice, reference will be made to "Metro" which also includes reference to the entities with which Metro has a BAA. This notice will tell you about the ways 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.

## WHO WILL FOLLOW THIS NOTICE

We may use your medical information for treatment, payment, rehabilitative operations or other purposes as described in this notice. All of the employees, staff, including medical staff, and other personnel of Metro SportsMed and entities involved in the business associate agreement follow these privacy practices.

We are required by law to:

- ⇒ make sure that medical information that identifies you is kept private;
- ⇒ give you this notice of our legal duties and privacy practices with respect to your medical information; 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 give 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 or more 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 Metro personnel who are involved in taking care of you.

For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. In addition, the doctor may need to tell the therapist if you have diabetes so that we can arrange for treat-

ment. Different departments of Metro also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and therapy. We also may disclose medical information about you to people outside of Metro who may be involved in your medical care.

- ⇒ **For Payment.** We may use and disclose medical information about you so that we may bill for treatment and services you receive at Metro and can collect payment from you, an insurance company or another party.

For example, we may need to give information about therapy you received at Metro to your health plan so that the plan will pay us or reimburse you for the therapy. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law.

- ⇒ **For Health Care Operations.** We may use and disclose medical information about you for operations of Metro and entities involved in a business associate agreement. These uses and disclosures are necessary to run Metro and make sure that all of our patients receive quality care.

For example, members of the medical staff or members of the quality assurance team may use information in your health records to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

- ⇒ **Appointment Reminders.** We may use and disclose medical information to contact you to remind you that you have an appointment for treatment or medical care.
- ⇒ **Treatment Alternatives.** We may use and disclose medical information to tell you about possible treatment options that may be of interest to you.
- ⇒ **Continuity of Care.** 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. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- ⇒ **Business Associate Agreements (BAA).** Business associate agreements are for persons or entities that perform functions or activities involving the use or disclosure of Personal Health Information (PHI) on behalf of the covered entity. A business associate relationship arises when the right to use or disclose PHI belongs to the covered entity and the business associate is using or disclosing the information to perform a function for the entity or providing services to the entity. A member of the covered entity's workforce is not a business associate.
- ⇒ **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.

## SPECIAL SITUATIONS

- ⇒ **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. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- ⇒ **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- ⇒ **Public Health Risks.** We may disclose to authorize public health or government officials medical information about you for public health activities. These activities generally include the following:
  - ⇒ to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
  - ⇒ to prevent or control disease, injury or disability;
  - ⇒ to report disease or injury;
  - ⇒ to report child abuse or neglect;
  - ⇒ to report reactions to medications and food or problems with products;
  - ⇒ to notify people of recalls or replacements 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.
- ⇒ **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 government programs, and compliance with various federal laws, including, but not limited to, fraud and abuse laws and privacy laws.
- ⇒ **Lawsuits and Disputes.** If you are involved in a lawsuit, claim, potential claim, or dispute, we may disclose medical information about you to attorneys, investigators, and insurance companies representing the interests of or insuring Metro or personnel affiliated with our Metro. 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 or to obtain an order protecting the information requested.
- ⇒ **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 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 Metro; 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.
- ⇒ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ⇒ **Protective Services for the President and Others.** We may disclose 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.

- ⇒ **HIV-related information.** Metro and entities covered under business associate agreements will not release or share your health information except as specifically required by law for HIV status.

## **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. This right does not include: psychotherapy notes; information compiled for use in a legal proceeding; or certain information maintained by laboratories.

In order to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Office Manager. 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.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Metro will review your request and, where appropriate, the denial. A licensed healthcare professional will conduct the review. The reviewer will not be the person who denied your request. We will comply with the outcome of the review.

- ⇒ **Right to Amend.** If you think 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 Metro.

To request an amendment, your request must be made in writing and submitted to the Office Manager. In addition, you must give 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 Metro;

⇒ Is not part of the information that you would be permitted to inspect and copy; or

⇒ Is accurate and complete.

We will provide you with written notice of action we take in response to your request for amendment.

⇒ **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment, health-care operations, or made pursuant to an authorization signed by you.

To request an accounting of disclosures, you must submit your request in writing to the Office Manager. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should state in what form you want the list (for example, on paper, or electronically). You may request one accounting in any 12-month period. We will attempt to honor your request. We may charge you for our reasonable retrieval, list preparation, and mailing costs. We will notify you of the costs 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, such as a family member or friend.

**We are not required to agree to your request.** If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.

⇒ **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 Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at your first treatment encounter at Metro. You may get an additional copy of this Notice at any time by contacting the Privacy Officer or Office Manager.

## **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 about you we already have as well as any information we receive in the future. We will post copies of the current Notice at all Metro facilities. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at Metro for treatment we will make available copies of the current Notice. Any revisions to our Notice will also be posted on our websites.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Metro or with the Secretary of the Department of Health and Human Services. To file a complaint with Metro, please write to the Privacy Officer.

**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 authorization, on a Metro authorization form.

If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.