

Notice of Privacy Practices

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

PLEASE REVIEW IT CAREFULLY.

Purpose: Shuriz Hishmeh, MD, PLLC and its faculty, students, residents, employees, and non-employees follow the privacy practices described in this Notice. Shuriz Hishmeh, MD, PLLC maintains your health information in records that are kept in a confidential manner, as required by law. Shuriz Hishmeh, MD, PLLC must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations: Shuriz Hishmeh, MD, PLLC has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with radiologists or other consultants to make a diagnosis. Shuriz Hishmeh, MD, PLLC may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment. In addition, Shuriz Hishmeh, MD, PLLC may use and disclose your health information to improve the quality of care, and for education and training purposes of Shuriz Hishmeh, MD, PLLC students, residents, and faculty.

How Will Shuriz Hishmeh, MD, PLLC Use and Disclose My Health Information? Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

Note: You will have the opportunity to refuse some of these communications about your health information, indicated by (*).

- Family members or close friends involved in your care or payment for treatment. (*)
- Disaster relief agency if you are involved in a disaster relief effort. (*)
- Health Information Exchange. HIE is a secure computer system for health care providers to share your health information to support treatment, healthcare operations and continuity of care. Your record in the HIE includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date and social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations.
- Appointment reminders.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.

- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
- Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- Certain research projects, which requires a special approval process by the University.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information, unless you allow Shuriz Hishmeh, MD, PLLC in writing to do so. For example, we will not use your photographs for presentations outside the medical office without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

Alcohol and drug abuse information has special privacy protections. Shuriz Hishmeh, MD, PLLC will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse treatment unless the patient authorizes in writing; to carry out treatment, payment, and operations; or, as required by law.

You Have Rights Regarding Your Health Information. You have the following rights regarding your medical information, if requested on the form(s) provided by Shuriz Hishmeh, MD, PLLC:

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to review and obtain a copy of your medical or health record. We may charge a fee for copying, mailing, and supplies.
- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the Shuriz Hishmeh, MD, PLLC. Shuriz Hishmeh, MD, PLLC is not required to accept the amendment.

- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities for disclosures unrelated to health care treatment, payment, or operations within the past six (6) years for paper health records, and for electronic health records you may request three (3) years, including disclosures for treatment, payment, or operations. After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.

Requirements Regarding This Notice. Shuriz Hishmeh, MD, PLLC is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Shuriz Hishmeh, MD, PLLC may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future. Each time you have an appointment with Shuriz Hishmeh, MD, PLLC, you may receive a copy of the Notice in effect at the time.

Contact Shuriz Hishmeh, MD, PLLC office at 516-730-5042 if:

- You have any questions about this Notice;
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or