

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.

We are required by law to maintain the privacy of your protected health information, 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. This Notice summarizes our duties and your rights concerning your information. We are required to abide by the terms of our Notice that is currently in effect.

Your Right

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

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 offer; with a pharmacy that is filling your prescription.

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 payer 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 § 164.512 or other applicable laws 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.

Special protections apply if we use or share sensitive health information. This includes HIV-related information, mental health information, alcohol or drug abuse treatment information, or genetic information. For example, under New York State Law, confidential HIV-related information can only be shared with persons allowed to have it by law, or persons you have allowed to have it by signing a specific authorization form. If your treatment involves this information, you may contact the Privacy Officer for further explanation.

We are also allowed, and sometimes required by law, to share your information in other ways. We have to meet certain conditions in the law before we can share your information for the following reasons.

Some examples of each include:

- Public health and safety: reporting diseases, births, or deaths; reporting suspected abuse, neglect, or domestic violence; to avoid a serious threat to health or public safety; monitoring product recalls; and reporting information for safety and quality purposes
- Judicial and administrative proceedings: responding to a court or administrative order • Workers' compensation and other government requests: workers' compensation claims payment or hearings; health oversight agencies for activities authorized by law; special government functions (military, national security)
- Law enforcement: with a law enforcement official to identify or find a suspect or missing person
- Comply with the law: to the Department of Health and Human Services to see if we are complying with federal privacy law
- Disaster relief situation: sharing your location and general location for the purpose of notifying your family, friends, and agencies chartered by law to assist in emergency situations
- To organizations that handle organ, tissue, or eye donation or transplantation
- To a coroner, medical examiner, or funeral director as needed to do their job
- Incidental to a permitted use or disclosure: calling your name in a waiting area for an appointment and others in the waiting area may hear your name called. We make reasonable efforts to limit these incidental uses and disclosures.

- 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 to the information relevant to that person's involvement in your healthcare or payment.

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 uses or disclosures of psychotherapy notes; for most marketing purposes. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

Your Rights Concerning Your Protected Health Information.

You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

- 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 (phone call or text messages), mail at your home address and possibly by e-mail if you have given your e-mail address. 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 the 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 protected health information be amended. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.
- You may receive an accounting of certain disclosures we have made of your protected health information. 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.

Our Responsibilities

- We are required by law to maintain the privacy of your protected health information.
- We will notify you if a breach occurs that may have compromised the privacy or security of your identifiable information.

- We must follow the practices described in this Notice and give you a copy of it.

Changes To This Notice.

We reserve the right to change the terms of this Notice at anytime, and to make the new Notice effective for all protected health information 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. www.BlueRiverNY.com You may obtain a copy of the operative Notice from our receptionist, office manager, or Privacy Officer listed below.

Complaints.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

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:

PRIVACY OFFICER

Mina Johnson
369 Washington Avenue
Kingston, NY 12401
914-401-0008 (Tel)
914-401-0009 (Fax)
Hello@BlueRiverNY.com

Effective Date. This Notice is effective March 1, 2022. NOTICE OF PRIVACY PRACTICES