



# His Branches Health Services

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## Grace Family Medicine

340 Arnett Blvd., Rochester, NY 14619  
Phone: (585) 235-2250 • Fax: (585) 235-0011  
Web: www.gfm3.org

## Joy Family Medicine

918 N Goodman St., Rochester, NY 14609  
Phone: (585) 697-0004 • Fax: (585) 697-0046  
Web: www.joymed.org

## NOTICE OF PRIVACY POLICIES

***THIS NOTICE OF PRIVACY POLICIES (NPP) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

At His Branches Health Services, we are committed to treating and using your personal health information responsibly.

New York State law requires a physician to maintain a medical record for each patient, which accurately reflects the evaluation and treatment of a patient. Unless otherwise provided by law, medical records must be retained for at least six years. Obstetrical records and records of minor patients must be retained at least six years and until the minor patient reaches the age of nineteen.

It is important to understand that all individually identifiable information about your health, condition, treatment, or payment for your health care is considered “**Protected Health Information**” (PHI) under the Federal Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires us to maintain the privacy of your protected health information.

HIPAA also requires us to provide you with a notice describing how we may use and share your information, as well as our legal responsibilities and your rights are regarding your protected health information. We are required to follow the privacy practices described in this notice; however, we reserve the right to change the terms of this notice at any time. If changed, the provisions of the new notice will become effective for all protected health information maintained at His Branches Health Services. The new version will be posted in our waiting area, and the effective date will be clearly stated in the introduction of the document. You may also request a copy of the updated notice from our office staff.

The effective date of this notice is September 3, 2013.

### **How We May Use and Disclose Your Protected Health Information**

We use your health information within His Branches Health Services and disclose or share your health information outside His Branches Health Services in order to provide you excellent medical care.

For certain uses and disclosures of your protected health information, we must get your authorization. However, the law allows us to make some uses and disclosures without your authorization. For example, we are not required by law to obtain your authorization to use or disclose your protected health information for activities related to treatment, payment for health care services, or health care operations. The following section further describes how we use and share information for such purposes.

## **His Branches Health Services Notice of Privacy Policies**

### ***Treatment***

We may use and disclose your protected health information to assist your health care providers (doctors, mental health practitioners, pharmacies, hospitals, ambulance services and others) in your diagnosis and treatment. For example, we may disclose your information in order to consult with, or refer you to, another health care provider.

At your request, we will make copies of your records available to subsequent treatment physicians or health care professionals who may use the medical records as a reference for your care.

We may contact you to provide appointment reminders or to tell you about treatment alternatives or other health related benefits and services that may be of interest to you. For example, we may leave brief telephone messages on your answering machine or with other persons at your household in order to notify you of upcoming appointments. We may also contact you regarding fundraising activities for the benefit of His Branches Health Services.

We may disclose your protected health information to family members, other relatives, close personal friends, or any other person that you identify, as long as the information is directly related to their involvement with your health care or payment for care. We may also use or disclose your information to notify, identify, or locate a family member or other person responsible for your care concerning your location, general condition, or death.

If you are not present, or when the opportunity to agree or object to a disclosure cannot practicably be provided due to your incapacity or an emergency circumstance, we may, in the exercise of professional judgment, determine whether the disclosure is in your best interests. If this is the case, we will disclose only the information that is directly relevant to the recipient's involvement with your care.

### ***Payment***

We use and disclose your protected health information in order to obtain payment for your covered health expenses. For example, we may use your information to process claims. We may also disclose your information for health payor programs that involve review of health care services with respect to medical necessity, coverage, appropriateness of care, justification of charges, or utilization.

### ***Health Care Operations***

We may use and disclose your protected health information in order to perform planned activities at His Branches Health Services, including, but not limited to:

- Quality assessment and improvement activities. For example, we may review your medical record as part of our ongoing effort to improve the quality and effectiveness of the services we provide.
- Review of the competence and qualification of health care professionals.
- Conducting or arranging for medical review, legal services and auditing functions.
- Business planning, management and administration.

### ***Other Uses and Disclosures Not Requiring Your Authorization***

- **As Required by Law** - We may use or disclose protected health information to the extent required by law. Examples include disclosures made in accordance with a court order or those made to law enforcement authorities in response to official requests relating to criminal investigation.

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- **Public Health** - We may use or disclose protected health information to a legally authorized public health authority to prevent or control disease, report births or deaths, track products if required by the Food and Drug Administration, or report abuse or neglect if required by law.
- **Health Oversight Activities** - We may report information to a health oversight agency for certain activities authorized by law, including audits and those needed for administrative or licensure purposes.
- **Coroners and Medical Examiners** - We may use or disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties authorized by law.
- **Funeral Directors** - We may use or disclose protected health information to funeral director, consistent with law, as necessary to carry out their duties with respect to the deceased person.
- **Cadaveric organ, eye or tissue donation** - We may use or disclose protect health information to organ procurement organizations to facilitate organ, eye or tissue donation, and transplantation.
- **Serious and Imminent Threat or Health or Safety** - We may, consistent with the applicable law and medical ethics, use or disclose protected health information if we in good faith believe such action is necessary to prevent/lessen a serious and imminent threat to the health or safety of a person or the public, and the person(s) receiving the information is (are) reasonably able to prevent or lessen the threat.
- **National Security and Intelligence Activities** - We may use or disclose protected health information to authorized federal officials for intelligence and other national security activities authorized by federal law.
- **Inmates** - We may use or disclose protected health information to a correctional institution or a law enforcement official having lawful custody of an inmate if the institution or official represents that the information is necessary for the health and safety of the inmate or other inmates or employees at the institution.
- **Workers' Compensation** - We may use or disclose protected health information as authorized by and to the extent necessary to comply with laws relating to Workers' Compensation.
- **Military and Veteran Activities** - We may use or disclose protected health information of Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission.
- **To an employer** - We may use or disclose protected health information to your employer if we provide health care to you at the request of your employer concerning work-related injuries or illness, or workplace medical surveillance in situations where the employer has a legal duty to keep records on or act on such information. In such cases, we will give you written notice at the time your care is provided that we will be sharing the information related to the medical surveillance or work-related injury or illness with your employer.
- **Research** - We may disclose your protect health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

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- **HIV Related Information** - New York State Law, Article 27-F of the public Health Law and Regulations of the New York State Department of Health provide protection to the confidentiality of HIV Related Information. A summary of HIV/AIDS Testing, Reporting and Confidentiality of HIV Related Information is found on the website of the New York State Department of Health at <http://www.health.ny.gov/nysdoh/rfa/hiv/full63.htm>

***Other uses and disclosures that do not involve treatment, payment, or health care operations, and which do not involve any of the exceptions listed above will be made only with your written authorization.***

You may revoke your authorization at any time in writing, except to the extent that we have already taken action based on your authorization.

### Your Rights

You have the following rights regarding your protected health information:

#### ***To Request Limits on Uses or Disclosures of Your Protected Health Information***

You have the right to ask His Branches Health Services to limit how your information is used or disclosed. For example, you may request that we restrict uses or disclosures of your protected health information related to treatment, payment, or health care operations. You must make such requests in writing and specify what information you want to limit and to whom you want the limits to apply. We will consider your request, but please realize that His Branches Health Services is not legally bound to agree to the restriction. If we do agree to the restriction, you can make a written request to terminate the restriction if you change your mind.

#### ***To Inspect and Obtain a Copy of Your Protected Health Information***

You have the right to inspect or obtain copies of your medical information, unless we restrict your access for clear and documented legal, treatment-related, or safety reasons. Your request must be in writing. You may be charged a fee for the cost of copying. We cannot deny you access to records if you cannot afford to pay the copying charge. You have the right to choose what portion of your information you want copied and to be informed of the cost of copying in advance.

If we deny you access to your information, we will give you written reason for our decision to do so and explain your right to have the denial reviewed.

#### ***To Change or Update Your Records***

You may ask His Branches Health Services to change or add missing information to your medical record if you think there is a mistake. You must make your request in writing, and provide a reason for your request. If we agree to make the change, we will add or attach the information to your medical record. We are not required to delete any information in the original record.

Please realize that we may deny your request for a change to your medical record for the following reasons:

- It is not in writing or does not include a reason to support the request.
- We determine that the information is correct and complete, not created by us, and/or not part of our record.

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Any denial will state the reason and explain your right to have your request reviewed. If we deny your request, you will be permitted to submit a written statement in disagreement. We may reasonably limit the length of this statement.

### ***To Find out How Your Protected Health Information Has Been Shared***

You have the right to ask His Branches Health Services for a list of disclosures regarding your protected health information. This list can go back as far as six years prior to the date of your request. Your request must be in writing.

Please realize that certain types of disclosures may not be on the list, as we are not legally obligated to account for the following:

- Disclosures made for treatment, payment, or healthcare operations.
- Information provided directly to you or other persons you designate to be involved with your care or payment for care.
- Information that was sent in accordance with your authorization.
- Disclosures made for national security or intelligence purposes as provided by law.
- Disclosures to correctional institutions or law enforcement officials as provided by law.
- Disclosures that occurred prior to July 14, 2010.

### ***To receive a paper copy of this notice***

If you have not downloaded and printed your own copy from our website, you may ask one of our secretaries if you would like a copy of this document.

### ***To choose how we communicate with you***

You have the right to ask that His Branches Health Services share information with you in a certain way or in a certain place. For example, you may ask His Branches Health Services to send information to your work address instead of your home address, or to leave appointment reminders at your work phone number instead of at home. You must make this request in writing. You do not have to explain the basis for your request.

## **Complaints**

If you believe that your privacy rights have been violated, you may complain to His Branches Health Services by contacting our Office Manager, at 585-235-9000. You may also complain to the Secretary of the United States Department of Health and Human Services.

***His Branches Health Services will not retaliate against any person filing a complaint.***

## **Acknowledgement**

Once you have read this notice, please fill out the following forms and return them to our office with all of the other New Patient Information:

- **NPP Acknowledgment Form** - 2 copies: 1 for you, 1 for the office
- **Message Authorization and Privacy Rights**
- **3<sup>rd</sup> Party Disclosure**

## **Contact Person**

If you have any further questions please contact our Office Manager, at 585-235-9000.