



BUFFALO
OB · GYN

PRIVACY POLICY

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.

State and federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the practice's policies as described below. This Notice will take effect on or after May 3, 2010 and remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by going to our website, www.Buffalo-OBGYN.com, or by contacting our Privacy Officer, Patricia Duncan. Information on contacting us can be found at the end of this Notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. We have established "minimum necessary or need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your health information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: Your health information may be used to seek payment from your health plan. This disclosure includes, but is not limited to, our business staff, insurance organizations, and other business involved in the process of billing, mailing statements and/or collecting unpaid balances.

Emergencies: We may use and disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care in case of any emergency involving your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: Your health information may be used as necessary to support the day-to-day activities and management of Buffalo OBGYN, LLP. For example, information on the services you received may be used to support budgeting, financial reporting and activities to evaluate and promote quality control.

Required by Law: We may use and disclose your health information when required to do so by law (court or administrative orders, subpoena, discovery request or other lawful process). We will use and disclose your information when requested by national security, intelligence or other State and Federal officials to facilitate law-enforcement, investigations and to comply with government mandated reporting.

Public Health Reporting: Your health information will be disclosed to public health agencies as required by law. For example, we will disclose your health information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders including, but not limited to, voice mail messages, postcards or letters.

Business Associates: There are some services provided in our practice through contracts with business associates, such as billing services. To protect your health information, we require all business associates to sign a confidentiality statement and appropriately safeguard your information.

Other Uses and Disclosures: Other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing unless we have already taken action in reliance upon the authorization.

INDIVIDUAL RIGHTS

You have certain rights under the privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

REQUESTS TO INSPECT YOUR PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny your request.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you would like to submit a comment or complaint about our privacy practices or request further information regarding them, you can do so by sending a letter outlining your concerns to:

Patricia Duncan, R.N., Privacy Official
Buffalo OBGYN, LLP
4575 Main St.
Snyder, NY 14226
(716) 633-4575

If you believe that your privacy rights have been violated you should call the matter to our attention by sending a letter describing the cause of your concern to the above address or to the Office for Civil Rights, US Dept. of Health & Human Services, 200 Independence Ave., S.W., Room 509F, HHH Building, Washington, D.C. 20201. You will not be penalized or otherwise retaliated against for filing a complaint.

