

# *Tal Dagan M.D., F.A.C.S.*

*420 Madison Avenue, Suite 503*

*New York, New York 10017*

## **NOTICE OF PRIVACY PRACTICES**

### **Purpose of this Notice**

We are required by law to maintain the privacy of your protected health information (PHI). This notice applies to all records of the health care and services you received at Tal Dagan MD PC. This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

### **Who Will Follow this Notice**

This notice describes Dr. Dagan's privacy practices, as well as the privacy practices of:

- any health care professional authorized to enter information into your medical record;
- all departments, sections and units of Tal Dagan MD PC;
- any member of a volunteer group that interacts with you while you are at Tal Dagan MD PC; and all employees, staff, students and other Tal Dagan MD PC personnel.

### **Tal Dagan MD PC Commitment**

We are required by law to:

- make sure that your PHI is kept private;
- give you this notice of our legal duties and privacy practices with respect to your PHI;
- follow the terms of this notice as long as it is currently in effect. If we revise this notice, we will follow the terms of the revised notice as long as it is currently in effect;
- train our personnel concerning privacy and confidentiality; and mitigate (lessen the harm of) any breach of privacy/confidentiality.

### **Understanding Your Health Record**

Each time you visit Tal Dagan MD PC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care, treatment and any follow up care you may need;
- means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received; means by which you or a third-party payer (for example, insurance carriers, Medicare, Medicaid) can verify that services billed were actually provided;
- Tool in educating health professionals;
- Source of information for medical research; source of information for public health officials charged with improving the health of the nation; source of information for facility planning and marketing;
- and tool which can be used to assess and continually improve the care rendered and the results achieved.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy;
- better understand who, what, when, where and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

### **How We May Use and Disclose Information about You**

The following categories (listed in bold-face print, below) describe different ways that we use and disclose your **Protected Health Information (PHI)**. For each category of uses or disclosures we will explain what we mean and give you some 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 fall within the categories below.

**For Treatment** We are permitted to use and disclose your PHI to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you at Tal Dagan MD PC or provide you with medical treatment or services. 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 dietitian if you have diabetes so that the dietitian can arrange for appropriate meals. Different departments of Tal Dagan MD PC also may share your PHI in order to coordinate the different services that you need, such as lab work, x-rays, and prescriptions. We also may disclose your PHI to health care providers outside Tal Dagan MD PC who may be involved in your medical care, such as physicians who will provide follow-up care, physical therapy organizations, medical equipment suppliers, and skilled nursing facilities.

**For Payment** We are permitted to use and disclose your PHI so that the treatment and services you receive at Tal Dagan MD PC may be billed to (and payment may be collected from) your insurance company or a third party. For example, we may need to give your health plan information about the surgery you received at Tal Dagan MD PC so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations** We are permitted to use and disclose your PHI for our business operations. These uses and disclosures are necessary to run Tal Dagan MD PC and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may disclose information to faculty physicians, nurses, technicians, house staff (including residents and interns), medical students, and other Tal Dagan MD PC personnel to conduct training programs. We also may combine certain PHI about several Tal Dagan MD PC patients as part of a study to determine what additional services Tal Dagan MD PC should offer, what services are not needed, and whether certain new treatments are effective. We also may remove all information that identifies you from a set of PHI so that others may use that information to study health care and health care delivery without learning who the specific patients are.

**To Business Associates for Treatment, Payment and Health Care Operations** We are permitted to disclose your PHI to our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the health care services we provide.

**Hospital Directory** Unless you express an objection, we are allowed to include certain limited information about you in the Patient Directory while you are a patient of Tal Dagan MD PC. This information may include your name, your location at Tal Dagan MD PC, your general condition (for example, fair, stable, good) and your religious affiliation. The directory information, except for your religious affiliation, also may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if the clergy member does not ask for you by name. The purpose of the Patient Directory is to allow your family, friends and clergy to visit you at Tal Dagan MD PC and know how you are doing. If you cannot provide your objection to these uses and disclosures because of incapacity or an emergency treatment circumstance, we may use or disclose some or all of this information if that disclosure is consistent with what you have told us previously and if the disclosure is in your best interest as determined in the exercise of our professional judgment.

**Individuals Involved in Your Care or Payment for Your Care.** We may release your PHI to a family member, other relative or close personal friend who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. We also may release information to someone who helps pay for your care. We also may tell your family or friends that you are at Tal Dagan MD PC and what your general condition is. In addition, we may disclose your PHI to a group assisting in a disaster relief effort so that your family can be notified about your location and general condition.

**Appointment Reminders** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Tal Dagan MD PC.

**Treatment Alternatives** We may use and disclose medical information to give you information about treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

## **Your Rights**

You have the following rights regarding the PHI we maintain about you.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI 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 with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Tal Dagan MD PC will notify you in writing whether we agree or do not agree with your request. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit Tal Dagan MD PC use and/or disclosure of the information; (3) to whom you want the limits to apply (for example, disclosures to your spouse); and (4) your contact address.

**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 by telephone at work or that we only contact you by mail at home. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Inspect and Receive a Copy** You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. Psychotherapy notes may not be inspected or copied.

If you request a copy of your PHI, 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 or receive a copy in certain very limited circumstances. If you are denied access to PHI, we will notify you in writing, and you may request that the denial be reviewed. Another licensed health care professional chosen by Tal Dagan MD PC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend** If you believe that PHI 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 Tal Dagan MD PC. You must include 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: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by or for Tal Dagan MD PC; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete. Tal Dagan MD PC will notify you in writing whether we agree or do not agree with your amendment request.

Additionally, if we grant the request, we will make the correction and distribute the correction to those who need it and those you identify that you want to receive the corrected information. If we deny your request for an amendment, we will notify you how you may file a complaint with Tal Dagan MD PC.

**Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures" that have been made by Tal Dagan MD PC. The accounting (or list) of disclosures will include: (1) the date of the disclosure; (2) the name of the entity or person who received the PHI and, if known, the address; (3) a brief description of the PHI disclosed; and (4) a brief statement of the purpose of the disclosure.

If you have any questions about this notice, please contact our Privacy Office at 212-585-3242.

*Tal Dagan M.D., F.A.C.S.*

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*New York, New York 10017*

**PERSONAL ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

**This is to acknowledge that:**

I have received and reviewed Tal Dagan MD PC Notice of Privacy Practice.

I understand that I can contact the Practice Privacy Office at (212)585-3242.

**Date** \_\_\_\_\_

**Signature of Patient/Personal Representative**

**Print Name of Patient/ Personal Representative**

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