

# Patient 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 THIS NOTICE CAREFULLY**

**If you have any questions about this notice or if you need more information, please contact**

**Janis L. Enzenbacher, MD & Isadora Guggenheim, FNP**

**Attn: Privacy Officer**

**(845)358-8385**

**8 Rockland Pl**

**Nyack, NY 10960**

## **ABOUT THIS NOTICE**

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive from Janis L. Enzenbacher, M.D and Isadora Guggenheim, FNP. We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways we have regarding the use and disclosure of health information. We are required by law to follow the terms of this Notice that is currently in effect.

## **WHAT IS PROTECTED HEALTH INFORMATION (“PHI”)**

PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions
- The provision of health care to you, or
- The past, present, or future payment for your health care.

## **HOW WE MAY USE AND DISCLOSE YOUR PHI**

We may use and disclose your PHI in the following circumstances:

- Treatment.
- Payment.
- Health Care Operations.
- Appointment Reminders / Treatment Alternatives/ Health- Related Benefits and Services.
- Minors.
- As Required by Law.
- To Avert a Serious Threat to Health or Safety.
- Military and Veterans.
- Public Health Risks.
- Abuse, Neglect, or Domestic Violence.
- Lawsuits and Disputes.
- Coroners, Medical Examiners, and Funeral Directors.
- **Uses and Disclosures that Required Us to Give You an Opportunity to Object and Opt Out.**
- **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement.
- **Payment for Your Care.** Unless you object in writing, you can exercise your rights under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.

## **Your Written Authorization if Required for Other Uses and Disclosures**

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **Your Rights Regarding Your PHI**

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **30 days** to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed health care professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
- **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. We are not required by federal regulation to agree to your request. If we do agree with your request, we will comply unless the information is needed. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
- **Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by visiting our website: <http://www.secondnaturecare.com> or contact our office.
- **Changes to This Notice**  
We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.
- **Complaints.**  
If you believe your privacy rights have been violated, you may file a complaint with the **Janis L. Enzenbacher, MD**, Privacy Officer, at the address listed at the beginning of this Notice or with the Department of Health and Human Services of the United States. **You will not be penalized for filing a complaint.**

*Notice Effective 9/23/2013*

**Janis L. Enzenbacher, MD & Isadora Guggenheim, FNP**

**ACKNOWLEDGEMENT OF RECEIPT OF  
PATIENT NOTICE OF PRIVACY PRACTICES**

I acknowledge that I read and/ or received a copy of the Janis L. Enzenbazcher, MD/ Isadora Guggenheim, FNP: Patient Notice of Privacy Practices/ HIPPA effective January 1, 2015

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_  
(or guardian, if applicable)

Please be advised that I \_\_\_\_\_ do not want give any authority or consent to give out any information of my medical history or diagnosis with any party. Under no circumstances should my medical history be given to anyone.

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_