

ISLAND HEIGHTS PEDIATRICS

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Effective April 14, 2003

The privacy of your medical information is important to us. You may be aware that U.S. government regulators established a privacy rule ("HIPAA") governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

The Office Manager is in charge of privacy matters at our office. You can contact her at 718 984-2888 if you desire further information) or have any questions or concerns.

Use and disclosure of protected information.

Federal law provides that we may use your medical information (protected health information) for treatment of you without further specific notice to you, or written authorization by you. For example, if we refer you to a specialist, we may provide laboratory or test data to that specialist.

Federal law provides that we may use your medical information to obtain payment for our services without further specific notice to you, or written authorization by you. For example, under your health plan, we are required to provide them with a diagnosis code for your visit and a description of services rendered.

Federal law provides that we may use your medical information for health care operations without further specific notice to you, or written authorization by you. For example, our accountants and bookkeepers may see your name, dates of treatment and procedure codes during audits of our books. Another example: we may use your information for financial services, quality assurance, risk reduction and claim management purposes with our medical professional liability insurer.

We may use or disclose your medical information, without further notice to you, or specific authorization by you, where:

- Required by law;
- Required for public health purposes;
- Required by law to report child abuse;
- Where required by a health oversight agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct;
- Required by law in judicial or administrative proceedings;
- Required for law enforcement purposes by a law enforcement official;
- Required by a coroner or medical examiner;
- Permitted by law to a funeral director;
- Permitted by law for organ donation purposes;
- Permitted by law to avert a serious threat to health or safety;
- Permitted by law and required by military authorities if you are a member of the armed forces of the United States.

There are several other privacy laws that also apply to HIV related information, mental health information, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner. Space for this is provided below. Other uses or disclosures of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.

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Other Rights that you have:

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged).

You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

You have the right to obtain a paper copy of this Notice. Obligations that we have:

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices.

We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our office, and copies will be available there.

If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

Our Privacy Officer is our office manager and can be contacted at this office or by calling our telephone number: 718 984-2888. You may contact our Privacy Officer for further information about our complaint process, or further explanation of this Notice of Privacy Practices.

This notice is effective in its entirety as of April 14, 2003.