



Diane M. Sanfilippo, MD

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PRIVACY NOTICE (EFFECTIVE 9/1/2012)

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

Your Health Information is Private.

We are required to keep your information private, share your information only when we need to, and follow the privacy practices in this notice. We must make special efforts to protect the names of people who receive HIV/AIDS testing or treatment, mental health testing and treatment, and drug/alcohol treatment.

What Health Information does Diane M. Sanfilippo, MD OB-Gyn PC Have?

When you register as a new patient, you provided information regarding your health and medical history. All phone calls, appointments (whether kept or not), all encounter notes, treatment plans, prescriptions, test reports, imaging reports, operative reports, obstetrical records, billing and payment information, and any other information you provide including cards, letters, photos may be displayed either in electronic or printed format, or provided by another medical professional or facility at your request.

How Does Diane M. Sanfilippo MD OB-Gyn PC Use and Share Your Health Information?

We must share your information when:

- You or your representative requests your health information. (Fees may apply)
- Government agencies request the information as allowed by law, such as audits.
- The law requires us to share your information with insurance carriers and third party payers.
- Required by other collaborating physicians, hospitals, or health care professionals.
- Needed to process claims and receive payment for services rendered.
- Needed to contact you about important medical information.

We may also use and share your health information under limited circumstances to:

- Participate in health care studies or programs designed to find ways to provide better health care.
- Prevent or respond to serious health or safety problems for you or your community as allowed by federal and state law.

We must have a fully executed HIPAA Compliant Use and Disclosure Form to use or share your information for any purpose not mentioned in this notice. (Fees may apply)

What Are Your Rights?

You, or your representative, have the right to:

1. Get a copy of this notice.
2. See or get a copy of your health information. If denied, you have the right to review the denial.
3. Ask to change your health information. We cannot change any billing information from this office or other healthcare provider or facility.
4. Ask to limit how we use and share your information, but we do not have to agree.
5. Ask us to change your contact information including phone, address, e-mail, etc.
6. Ask for special forms that you sign permitting us to share your information with whomever you choose. You may revoke your permission at any time, but not for information that has already been shared before being revoked.
7. Get a list of those who received your health information except when restricted by law.

FOR MORE INFORMATION: NYS Dept. of Health website @ www.health.state.ny.us

If we change the information in this notice, we will post a new notice in the office and any appropriate patient document sections relating to Electronic Health Records (if applicable).