

a. Medical Information to Notify or Help Notify:

- * A family member
- * Your personal representative
- * Another person responsible for your care

We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency and if you are not able to refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgement. We will also use our professional judgement to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

b. Research in Limited Circumstances:

Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

c. Funeral Director, Coroner, Medical Examiner:

To help them carry out their duties; we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

d. Specialized Military Personnel Functions:

Your medical information may be disclosed if you are military personnel, either active status or a veteran, and if required by the appropriate authorities.

e. Public Health Activities:

Your medical information may be disclosed if required to do so by a public health or law enforcement official whose job it is to prevent or control disease, injury or disability. Your medical information may also be disclosed to a person from the Food and Drug Administration for the purposes of reporting adverse effects stemming from product defects or problems, to enable product recalls, repairs or replacement, or to conduct activities required by the Food and Drug Administration.

f. Personal Health and Safety:

Your medical information may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of another individual or the public. The information will be disclosed only to a person or organization able to prevent the threat.

g. Workers Compensation:

Your medical information may be disclosed when necessary to comply with the laws for the Workers Compensation Program.

h. Public Health Oversight Activities:

Your medical information may be disclosed to public health authorities and health oversight agencies that are authorized by law to gather health information (e.g. audits, licensure, disciplinary actions, administrative and criminal investigations, etc.)

i. Law Enforcement:

Your health information may be disclosed in response to a court or administrative order in a lawsuit or similar proceeding.

j. Victim of Abuse, Neglect or Domestic Violence:

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose health information to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

4. YOUR INDIVIDUAL RIGHTS

You Have the Right to:

1. Look at or get copies of your medical records on file. You have the right to receive a copy of the Privacy Notice.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based

fee for responding to these additional requests. Request that we place additional restrictions on our use and disclosure of your medical information.

3. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about medical information by different means or to a different location. Your request that we communicate your medical information to you by different means or a different location must be made in writing to the contact person listed at the end of this notice.
5. Ask to change your health information if you think it is incomplete or inaccurate. The request must be made in writing to the contact person listed at the end of this notice. If, however, the physician or hearing health care professional finds that the patient's health information is complete and accurate, he/she can refuse to make the requested changes.
6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end on this notice.

5. QUESTIONS AND COMPLAINTS

If you have any questions regarding this notice, please contact: Phyllis Stern-Weisman

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Dept. of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Dept. of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.