

## **VIP HEALTH CARE SERVICES PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

### **Protection of Your Personally Identifiable Health Care Information**

#### **■ Your Right to Privacy Protection**

In order to provide you with health care services, VIP Health Care Services (hereafter "VIP") acquires personally identifiable health information (hereafter "Protected Health Information") about you, and it is required by a federal law known as the Health Insurance Portability and Accountability Act (hereafter "HIPAA"), and by state law, to maintain the privacy of your Protected Health Information. The federal requirements, called the "Privacy Rule," are spelled out in detailed regulations that may be found in volume 45 of the Code of Federal Regulations ("CFR"), Parts 160 and 164.

In addition, under HIPAA and the Privacy Rule, VIP is required to provide you with this notice of its legal duties and privacy practices with respect to that Protected Health Information. This notice explains how VIP provides that protection. VIP reserves the right to change its privacy practices, but when it does, it will provide you with a written copy of any material change within 60 days after such a change becomes effective.

#### **■ Your Right to Complain About Violations of Your Right to Privacy Protection**

If you believe that your privacy rights have been violated, you may complain to Sandra Kahn, Privacy Officer, either in writing addressed to 116-12 Myrtle Avenue, Richmond Hill, NY 11418, or by telephone at 718-847-9675 Ext. 847. Complaints may also be made in writing to the Secretary of the US Department of Health and Human Services, Hubert Humphrey Building, 200 Independence Avenue SW, Washington DC 20201.

There will be no retaliation if you file any such complaint.

#### **■ Effective Date of This Notice**

The effective date of this notice is April 14, 2003

### **Uses and Disclosures of Your Medical Information**

VIP may acquire Protected Health Information about you for purposes of your treatment, payment of benefits or provisions of health care services, or for overall health care operations.

This Protected Health Information will not be disclosed to anyone without your express written authorization, except as follows:

#### **■ Disclosure for Treatment, Payment and Health Care Operations**

Per HIPAA, Protected Health Information may be disclosed, without your written consent or authorization, to covered entities, which include:

1. VIP staff and administration.
2. The insurer or administrator of the plan under which your services are provided.
3. Your health care provider.
4. Other insurers or administrators of any plan that provides additional services to you.
5. Any health care clearinghouse.
6. Any Business Associate of VIP or any other Covered Entity.

A “**Business Associate**” is an entity that provides related services to VIP or any Covered Entity and that has entered into a contract under which it agrees to abide by the rules and regulations established pursuant to federal law and regulations to protect the privacy of your Protected Health Information.

Examples of the disclosures that will be made to any of the Covered Entities described in this paragraph include, but are not limited to:

**1. Treatment:**

- VIP discloses symptoms identified in the course of your care to your physician so that your physician can provide adequate health care services.
- VIP contacts you to provide information about treatment alternatives that may be of interest to you.

**2. Payment:**

- VIP contacts your Health Plan in order to determine that you are eligible for coverage.
- VIP discloses your Protected Health Information to any other Covered Entity or Business Associate in order to process, or expedite the process of, your claims for benefits or request for health care services.

**3. Health Care Operations:**

- Review or audit of VIP services, with respect to quality, timeliness, accuracy, and/or compliance with laws and regulations.

■ **Additional Disclosures and Contacts Without Authorization**

1. A Covered Entity that is a health care provider may contact you to raise funds for its operations.
2. A group health plan or its health insurer, HMO, or third party administrator may disclose Protected Health Information to VIP, but that information must be used only for the purposes of health care operations.

■ **Disclosures Required by Law**

Your Protected Health Information will be disclosed, without your written consent or authorization, when required by law. This may include disclosure for any of the following purposes (with examples of each):

1. **Public Health Activities** (when the law requires disclosure that you were exposed to a communicable disease).
2. **Abuse, Neglect or Domestic Violence** (when the law requires disclosure if the circumstances indicate that might have occurred).
3. **Law Enforcement Purposes** (if you are treated for gunshot or other types of wounds or if the information may help in apprehension of someone other than you who is suspected of a crime).
4. **Requests From a Coroner or Medical Examiner** (to identify a deceased person or determine the cause of death).
5. **Requests From a Funeral Director** (to help carry out his or her duties).
6. **Subpoenas or Requests For Discovery** issued by any court or government agency. To the extent it is reasonably possible, VIP will attempt to provide you with notice of its receipt of any such subpoena, but it must be clearly understood that VIP will not be responsible if it is unable to or fails to provide you with such notice.
7. **Compliance With Worker’s Compensation Laws** (to administer the program).
8. **Oversight of Activities Authorized by Law** (including government investigations of possible crime or fraud).

VIP is also required by law to provide all Protected Health Information to the Secretary of Health and Human Resources for enforcement purposes.

■ **All Other Uses and Disclosures**

All other uses and disclosures of your Protected Health Information, including but not limited to medical research, will only be made with your written authorization which you may revoke, in writing, at any time.

## **Your Individual Rights**

### **■ Restriction on the Use of Protected Health Information**

You have the right to request that VIP or any other Covered Entity restrict the uses and disclosures of your Protected Health Information to carry out treatment, payment and health care operations described above, or to a member of your family, other relative or close personal friend who is directly involved with or responsible for your care or payment for that care. Please note, however, VIP or other Covered Entity is not required to agree to any such restrictions.

Such requests must be made in writing, addressed to the Administrator/Director of Patient Services.

### **■ Confidential Communications**

You have the right to request in writing that we communicate with you about your Protected Health Information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. VIP will make those reasonable accommodations that it deems appropriate.

### **■ Inspection of Your Protected Health Information**

You have the right to inspect and copy your Protected Health Information maintained in VIP's files, except for:

1. Psychotherapy notes.
2. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
3. Information maintained by a Covered Entity pursuant to the Clinical Laboratory Improvements Amendments of 1988, to the extent applicable under that law.

If your access to such Protected Health Information is denied, you may have a right to have that denial reviewed, but only under the following circumstances:

1. A licensed health care provider has determined that the access requested is likely to endanger your life or physical safety.
2. That information refers to another person and a licensed health care provider has determined that the access requested is likely to endanger that person's life or physical safety.
3. The request is made by your authorized personal representative and a health care provider has determined that the access requested is reasonably likely to cause substantial harm to you or another person.

The following administrative procedures will apply:

1. All requests for inspection and copying of one's medical records must be in writing. Requests must be addressed to the Administrator/Director of Patient Services.
2. VIP will act upon your request within 30 days of its receipt, or within an additional 30 days if it cannot do so within that 30-day period.
3. You may be charged the reasonable costs for copying the Protected Health Information, postage or other charges incurred in mailing or sending that information to you, and preparation of any requested explanation or summary of that information.
4. You will be advised of your right to appeal a denial of that information if you have such a right, or that you have no such right if it is not available.
5. If VIP does not maintain that information and knows where that information is maintained, you will be advised where to direct your request for access to it.

### **■ Amendment of Your Protected Health Information**

You have the right to request an amendment of your Protected Health Information, however, that information may not be amended if it:

1. Was not created by VIP and the creator of that information is available to act on your request to amend that information.
2. Is not part of VIP's records.
3. Would not be available for your inspection, as indicated above.

4. Is accurate and complete.

The following administrative procedures will apply:

1. All requests for amendment of medical records must be in a notarized written form, addressed to the Administrator/Director of Patient Services.
2. All requests must include a reason to support the requested amendment.
3. VIP will act on your request within 60 days after it is received, or within an additional 30 days if it cannot do so within the 60-day period.
4. VIP will inform you when that amendment is made, and will provide a copy of it to anyone else who previously received the unedited Protected Health Information and/or may have relied, or could have relied, on it to your detriment, and thus needs to have that amendment.
5. If the request is denied, you will be informed of the reason for the denial, and you will be advised of your rights to file a statement of disagreement and/or to seek further relief from that denial.

■ **Receipt of an Accounting of Disclosure**

You have the right to receive a six-year accounting of disclosures of your Protected Health Information, except for disclosures:

1. That occurred before April 14, 2003.
2. To carry out treatment, payment and/or health care operations, as described above.
3. Of Protected Health Information about other individuals.
4. To you.
5. Permitted or otherwise required by applicable law or regulation.
6. Pursuant to written authorization by you or by your authorized representative.
7. For national security or intelligence purposes, as required by applicable law or regulation.
8. To correctional institutions or law enforcement officials, as required by applicable law or regulation.

The following administrative procedures will apply:

1. All requests for an accounting of disclosures must be in writing, addressed to the Administrator/Director of Patient Services.
2. VIP will act on your request within 60 days after it is received, or within an additional 30 days if it cannot do so within that 60-day period.
3. You may be charged the reasonable costs for copying the Protected Health Information, postage or other charges incurred in mailing or sending that information to you, but no charge will be made for the first accounting you request within any 12-month period. If you do not consent to paying any such charges, your request will be considered to have been withdrawn.
4. The accounting will include:
  - a. The date of each disclosure.
  - b. The name and, if known, the address of each recipient.
  - c. A brief description of the information provided.
  - d. A brief statement of the purpose of the disclosure, or a copy of the written request for that disclosure.

■ **Additional Information**

If you have any questions about this notice, the Privacy Rule, or your rights as applied to your individual circumstances, contact Sandra Kahn, Privacy Officer, either in writing addressed to VIP Health Care Services, 116-12 Myrtle Avenue, Richmond Hill, NY 11418, or by telephone at 718-847-9675 ext. 847.