

## **NOTICE OF PRIVACY PRACTICES**

**Effective Date: October 11, 2010**

**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.**

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 with respect to protected health information. We are required to abide by the terms of this notice for as long as it is in effect.

If you have any questions regarding this notice, please contact:  
Brian W. Kozik, CHC, CCEP  
Vice President and Chief Compliance & Privacy Officer  
Health Quest  
1351 Route 55, Suite 200  
Lagrangeville, New York 12540  
(845) 475-9757

### **WHO WILL FOLLOW THIS NOTICE**

Riverside Physical & Occupational Therapy & Speech Pathology, Inc. (the "Entity") is, along with the affiliated providers listed on attachment A, a member of Health Quest Systems Inc. The Entity, including the following workforce members, will follow the privacy practices set forth in this Notice

- Any health care professional on our medical or allied practitioner staff.
- All departments and units of the Entity.
- Any member of a volunteer group authorized to help you while you are receiving services.
- All employees and staff and other personnel.

The Entity may share information with the other Health Quest affiliated entities listed in Attachment A, which are also bound by the terms of this Notice, for purposes permitted under applicable law.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care whether made by Entity personnel or your personal doctor at an Entity Site. "Entity Site" means the Entity's location where you receive health services. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's practice. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. The Law requires us to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories:

- **For treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate dietary teaching. Different departments of the Entity also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside of the Entity who may be involved in your medical care after you leave our care, such as family members, clergy or others we use to provide services that are part of your care.
- **For payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Entity may be billed to and payment may be collected from you, an insurance company or a third party. For example we may need to give your health plan information about the services you received while under our care so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For healthcare operations.** We may use and disclose medical information about you for Entity healthcare operations, such as quality assessment and improvement activities, professional training programs, legal compliance programs. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. These uses and disclosures are necessary to run the Entity and make sure that all of our patients receive quality care. Sometimes we may remove information in your medical record that identifies you and then use the remaining information for general research purposes.
- **Appointment reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Treatment alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-related benefits and services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising activities.** We may use medical information about you to contact you in an effort to raise money for the Entity and its operations. We may disclose patient contact information to a foundation related to the Entity so that the foundation may contact you in raising money. We only would release contact information, such as your name, address and phone number and the dates you received treatment

or services. If you do not want an Entity to contact you for fundraising efforts, you must notify the applicable Entity in writing.

- **Entity database.** We may include certain limited information about you in the Entity directory while you are a patient. This information may include your general demographic information such as your age and gender, as well as your diagnosis, general condition, attending physician, the service or services you are receiving, and your religious affiliation.
- **Individuals involved in your care or payment for your care.** We may release medical information about you to a friend or family member who is involved in your medical care, unless the law does not allow it. For example, there is a state law that prohibits us from informing the parents or guardians of a minor that the minor has a venereal disease or has had an abortion. There is also a law with special rules for disclosing HIV and AIDS-related information. We may also give information to someone who helps pay for your care. Finally, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the agency/Entity. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **As required by law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To avert a serious threat to health or safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. An example of a serious threat is a serious and contagious disease.

#### **Special situations:**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.
- **Public health risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
  - To report births and deaths
  - To report child abuse or neglect
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
  - To notify appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Regulatory Agencies.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
  - **Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
  - **Law enforcement.** We may release medical information if asked to do so by a law enforcement official:
    - In response to a court order, subpoena, warrant, summons or similar
    - To identify or locate a suspect, fugitive, material witness, or missing person
    - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
    - About a death we believe may be the result of criminal conduct
    - About criminal conduct at the hospital
    - In emergency circumstances to report a crime; the location of the crime or victim; or the identity, description or location of the person who committed the crime.
  - **Coroners, medical examiners, and funeral directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
  - **National security and intelligence activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
  - **Protective services for the President and others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  - **Inmates-information released to correctional institution.** If you are an inmate of correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to inspect and copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Entity's Medical Records department. If you request a copy of the information, we will act on your request within 30 days, unless we need an extension of that time. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Entity will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to amend.** You have the right to request an amendment of your health information for as long as the information is kept by or for the Entity. Your amendment request must be made in writing and submitted to the Medical Records department. We may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the Entity.
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to accounting of disclosures.** You have the right to request an accounting, or list, of certain disclosures we have made of your information within the last 6 years. To request this list or accounting of disclosures, you must submit your request in writing to the Entity's Medical Records department. Your request must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We must act on your request within 60 days of when we receive it, but we can request an extension of time if we tell you the reason for the delay.
- **Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you for purposes of maintaining an Entity directory. For example, you could ask that we not use or disclose information about your location in the hospital or your religious affiliation. **WE ARE NOT REQUIRED TO AGREE WITH YOUR REQUEST.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Entity's Medical Records department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to request confidential communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that

we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Entity's Medical Records department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a paper copy of this notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website at: [www.health-quest.org](http://www.health-quest.org).

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice within the Entity. The notice will contain on the first page, in the top right hand corner, the effective date. The next time you come to an Entity to receive treatment, we will give you a copy of the current notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Entity by contacting Brian W. Kozik at (845) 475-9757; or placing your complaint in writing to Brian W. Kozik or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a written complaint contact:

Brian W. Kozik, CHC, CCEP  
VP and Chief Compliance & Privacy Officer  
Health Quest  
1351 Route 55 - Suite 200  
Lagrangeville, New York 12540

Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza - Suite 3312  
New York, New York 10278

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. You may revoke this written permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **HEALTH QUEST PROVIDERS**

**Health Quest Medical Practice, P.C.** (Administrative Office) - 1351 Route 55, Suite 200, Lagrangeville, New York 12540

**Health Quest Urgent Medical Care Practice, P.C.** 1110 Route 55, Lagrangeville, NY 12540  
1530 Route 9, Wappingers Falls, NY 12590

**Hudson Valley Emergency Medicine, PLLC** - 45 Reade Place, Poughkeepsie, NY 12601

**Hudson Valley Home Care, Inc. (Licensed)** - 7 Mansion Street, Poughkeepsie, NY 12601

**Hudson Valley Home Care, Inc. (Certified)** – 7 Mansion Street, Poughkeepsie, NY 12601

**Hudson Valley Newborn Physicians, PLLC**- 45 Reade Place, Poughkeepsie, NY 12601

**Mid-Hudson Radiation Therapists, Inc** - 45 Reade Place, Poughkeepsie, NY 12601

**Northern Dutchess Hospital** – 6511 Springbrook Avenue, PO Box 5002, Rhinebeck, NY 12572

**Northern Dutchess Residential Health Care Facility, Inc. (Thompson House)** –  
6525 Springbrook Avenue, Rhinebeck, NY 12572

**Physicians Network, P.C.** - 45 Reade Place, Poughkeepsie, NY 12601

**Putnam Hospital Center** – 670 Stoneleigh Avenue, Carmel, NY 10512

**Riverside Physical & Occupational Therapy & Speech Pathology, Inc.** (d.b.a. Therapy Works)  
45 Reade Place, Poughkeepsie, NY 12601

**Vassar Brothers Medical Center** – 45 Reade Place, Poughkeepsie, NY 12601