

Preetham Grandhi MD
625 Gramatan Ave
Mount Vernon NY 10552
914-664-9190

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Created as a Result of the Health Insurance portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PERSONAL HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY:

Our practice is dedicated to maintaining the privacy of your **personal health information (PHI)**. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

**Preetham Grandhi MD, 625 Gramatan Ave, Mount Vernon NY 10552,
Tel: 914-664-9190**

C. WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests, psychological testing and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Additionally, we may disclose your PHI to others, with your written consent, to who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
2. **Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations:** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders:** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
5. **Treatment Options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Health related benefits and Services:** Our practice may use and disclose your PHI to inform you on health related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends:** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the psychiatrist's office for a therapy session. In this example, the babysitter may have access to this child's medical information.

8. **Disclosures Required By Law:** Our practice will use and disclose your PHI when we are required to do so by federal-state or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - reporting child abuse or neglect to agencies authorized by law to receive these reports
 - reporting birth or deaths
 - reporting reactions to drugs
 - notifying individuals if a drug they may be using has been recalled
 - notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading the disease condition

2. **Health Oversight Activities:** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings:** Our practice, with your consent, may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain.

4. **To Avert a serious threat to Health or Safety:** We may release your health information if it is necessary to prevent a serious threat to your health or safety or to the health and safety of the public or another person.

5. **For Law Enforcement:** We may release health information to a law enforcement official:
 - + In response to a court order, subpoena, warrant, summons, or other similar process

- + 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 victims; or the identity, description or location of the person who committed the crime

7. National Security and Protection of the President: We may release your health information to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

8. Inmates: If you are an inmate of a correctional institution, or a person who is receiving care in psychiatric hospital as a result of a criminal court order or are under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. The information released must be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

9. To the Military: If you are a veteran or a current member of the armed forces, we may release your health information as required by military command or Veterans Administration authorities.

If you do not object and the situation is not an emergency and disclosure is not otherwise prohibited by stricter laws, we are permitted to release your health information under the following circumstances:

To Individuals Involved in Your Care: We may release your health information to a family member, other relative, friend, or other person who you have identified to be involved in your health care or the payment of your health care.

To Family: We may use your health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition, or death.

To Disaster Relief Agencies: We may release your health information to an agency authorized by law to assist in disaster relief efforts.

10. What is NOT Covered Under this Notice?

○ Confidential HIV Related Information:

Under New York State Law, confidential HIV- related information (information concerning whether or not you have had an HIV- related test, or have HIV infection, HIV-related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV), cannot be disclosed except to those people you authorize in writing to have it.

○ Alcohol or Substance Abuse Treatment Information:

If you have received alcohol or substance abuse treatment from an alcohol/substance abuse program that receives funds from the United States government, federal regulations may protect your treatment records from disclosure without your written authorization.

E. YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work in order to request a type of confidential communication; you must make a written request to **Preetham Grandhi MD, 625 Gramatan Ave, Mount Vernon NY 10552, Tel: 914-664-9190** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Preetham Grandhi MD, 625 Gramatan Ave, Mount Vernon NY 10552, Tel: 914-664-9190**. Your request must describe in a clear and concise fashion:

- (a) The information you wish restricted;
- (b) Whether you are requesting to limit our practice's use, disclosure or both; and
- (c) To whom you want the limits to apply.

- 3. Inspection and Copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, not psychotherapy notes of the session between the child and clinician. You must submit your request in writing to **Preetham Grandhi MD, 625 Gramatan Ave, Mount Vernon NY 10552, Tel: 914-664-9190**. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
- 4. Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Preetham Grandhi MD, 625 Gramatan Ave, Mount Vernon NY 10552, Tel: 914-664-9190**
- 5. Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, **Preetham Grandhi MD, 625 Gramatan Ave, Mount Vernon NY 10552, Tel: 914-664-9190**.
- 6. Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Preetham Grandhi MD, 625 Gramatan Ave, Mount Vernon NY 10552, Tel: 914-664-9190**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
- 7. Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in **writing**. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.
- 8. Privacy Officer:** Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, **Preetham Grandhi MD, 625 Gramatan Ave, Mount Vernon NY 10552, Tel: 914-664-9190**.