NOTICE OF PRIVACY PRACTICES

For

JIB MEDICAL, P.C. (effective 10/1/2014)

(referred to in this document as "the practice")

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.

Our practice is strongly committed to protecting the confidentiality and security of your protected health information. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" is information, including demographic information that relates to your past, present or future physical or mental health or condition; or to the provision or payment of your health care; and that either identifies you or reasonably could be used to identify you.

The law requires that we maintain the privacy of your protected health information, provide you with notice of our legal obligation and privacy practices with respect to your protected health information, and follow the terms of the notice that is currently in effect. We reserve the right to change the terms of this Notice at any time. A revised notice of privacy practices will be effective for all protected health information that we maintain. If the practice revises this Notice, a current revised copy of the Notice may be obtained upon request or by accessing the practice's website at: www.jibei.org

I. Uses and Disclosures of Protected Health Information that do not Require Your Authorization or an Opportunity to Object

The practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the practice has obtained your authorization, or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations, or State law.

A. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to other physicians who may be treating you or consulting with your physician with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment. Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if a hospital admission is recommended, we may need to disclose information to your health insurer to get prior approval

for the hospitalization. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

C. Healthcare Operations. We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the practice and to provide quality care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Employee review activities.
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures. As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment.
- To inform you of potential treatment alternatives or options.
- To inform you of health-related benefits or services that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required. We will disclose your protected health information when we are required to do so by any Federal, State or local law.

B. When There Are Risks to Public Health. We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.

- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

C. To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection With Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena in some circumstances.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the practice has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

H. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

I. Military and Veterans. If you are a member of the Armed Forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

J. National Security. Our practice may disclose your protected health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

K. For Worker's Compensation. The practice may release your health information to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object.

A. Family and Friends. We may disclose your protected health information to your family member or a close personal friend, or other person identified and authorized by you, if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you are unable to agree or object to such uses or disclosures of protected health information because of an emergency or because of your incapacity, we may exercise our professional judgment to determine whether the disclosure is in your best interest.

IV. Uses and Disclosures Where Your Authorization is Required.

We will not use or disclose your protected health information for any purpose other than those identified in the previous sections without your specific written authorization. Most disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute the sale of your health information require your prior written authorization. We may, however, provide you with marketing materials in a face to face encounter without your authorization or communicate with you about treatment alternatives or other health related products and services that may be beneficial to you in relation to your treatment. If you give us authorization to use or disclose your protected health information you may revoke your authorization in writing at any time except to the extent that we have already taken action in reliance upon the authorization.

V. Your Rights Pertaining to Your Protected Health Information.

You have the following rights regarding your protected health information:

A. The right to inspect and request a copy of your protected health information. You have the right to inspect and/or obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. This includes the right to

receive your health information in a digital format and to have the electronic record transmitted directly to an entity or person designated by you.

Under Federal law, however, you may not inspect or receive a copy of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or receive a copy of your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect or request a copy your medical information, you must submit a written request to:

JIB Medical, P.C.
158-11 Harry Van Arsdale Jr. Avenue
Flushing, New York 11365

If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. We will try our best to provide your health information to you in the form or format requested by you if such form or format is available. If it is not, the information will be provided in a readable hard copy form or other such agreed upon form.

B. The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The practice is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the practice does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction.

You may also request that we restrict disclosure to your health plan of any health information related to an item or service for which you or someone on your behalf, other than the health plan, paid us in full. If you make such a request we will not disclose such health information to your health plan as part of or payment or health care operations unless we are otherwise required to do so under the law.

You may request a restriction by contacting the Privacy Officer.

C. The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this

accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The right to have your physician amend your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments. All requests to amend your protected health information will be maintained with in your designated record set which is the subject of the requested amendment.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by the practice. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to be notified in the event of a breach. We are required to notify you in the event of a breach of your unsecured protected health information as soon as possible but no later than sixty (60) days after we discover the breach. Unsecured protected health information is information that is not deemed unreadable, unusable, or indecipherable using technology, such as encryption, or other means specifically approved by the Secretary of the U.S. Department of Health and Human Services. Any required notice will include a description of the breach, the unsecured protected health information involved, steps you might take to protect yourself, a summary of our investigation, and how to contact us for more information.

G. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

VI. **Complaints**

You have the right to express complaints to the practice and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the practice by contacting the practice's Privacy Officer (or its designee) verbally or in writing, using the contact information below. We encourage you to express any concerns you may

have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VII. **Contact Person**

The practice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is indicated below. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the practice can be mailed to the following address:

Amanda Budhu
Privacy Officer
JIB Medical, P.C.
158-11 Harry Van Arsdale Jr. Avenue
Flushing, New York 11365
Telephone: (718) 591- 2000, ext:1216

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