

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR HEALTH PROTECTED INFORMATION. PLEASE REVIEW IT CAREFULLY.

About This Notice

This Notice will tell you about the ways we may use and disclose health information that identifies you (“Health Information”). We also describe your rights and certain obligations we have regarding the use and disclosure of Health Information. We are required by law to maintain the privacy of Health Information that identifies you; to give you this Notice of our legal duties and privacy practice with respect to your Health Information; and follow the terms of our Notice that are currently in effect. This notice covers the practice of Maureen Moomjy, Fertility, Gynecology & Reproductive Medicine, PC.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we may use and disclose Health Information.

For Treatment

We may use Health information about you to provide you with medical treatment or services. We may disclose Health Information to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. If applicable to your specific care, we may disclose health information to the staff of New York Presbyterian Cornell Weill Ambulatory Surgery Center, or to the staff of NYU Langone Fertility Center, or to radiology centers, or labs as needed to facilitate your care.

For Payment

We may use and disclose Health Information so that we may bill for treatment and services you receive at this practice and can collect payment from you, an insurance company or another third party. For example, we may need to give your Health Information to 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. In the event a bill is overdue we may need to give Health information to a collection agency as necessary to help collect the bill or may disclose an outstanding debt to credit reporting agencies.

For Health Care Operations

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operations and management purposes. We also may disclose information to doctors, nurses, technicians, medical students, and other personnel directly or indirectly involved in your care for educational and learning purposes.



Appointment Reminders/Treatments Alternatives/Health-Related Benefits and Services

We may use and disclose Health Information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may release Health Information to a person who is involved in your medical care or who helps pay for your care, such as a family member or friend. In an emergency, we may notify your family about your locations or general condition.

As Required by Law

We will disclose medical information about you when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health to Safety

We may use and disclose Health Information 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, will be to someone who may be able to help prevent the threat.

Business Associates

We may disclose Health Protected Information to our business associates that perform functions on our behalf if the information is necessary for such functions. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Workers' Compensation

We may release Health Information for workers' compensation or similar programs, if requested. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities

We may disclose Health Information to 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 healthcare 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 Health Information in response to a court or administrative order. We also may disclose Health information 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.



How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact Dr. Moomjy for more information about these protections.

Your Rights Regarding Health Information about You

You have the following rights, subject to certain limitations, regarding Health Information we maintain about you.

Right to Inspect and Copy

You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. If we maintain a copy of your Health Information electronically, you also have the right to obtain a copy of that information in electronic format. You can also request that we provide a copy of your information to a third party that you identify. We may deny your request to inspect or copy your medical information in limited circumstances. If we deny your request, you have the right to have the denial reviewed. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Amendments

If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information and you must tell us the reason for request. A request for amendments must be submitted, in writing, to Dr. Moomjy. We may deny your request for an amendment in limited circumstances. If we deny your request, you may have a statement of disagreement added to your Health Information.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures” of Health Information. This is a list of certain disclosures we made of Health Information in the six years prior to your request. We are not required to account for certain disclosures including disclosures for treatment, payment or health care operations or disclosure to you or pursuant to your authorization. The first list or your request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to Request Restrictions

You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.



Right to be Notified of a Breach

You have the right to be notified if a breach occurs that may have compromised the privacy or security of your Health Information.

Right to Restrict Certain Disclosures to your Health Plan

You have the right to request that we not disclose Health Information to your health plan if that information relates to health care items or services for which you have paid out of pocket, in full, at the time that the service is provide. You must notify the practice of your request to not provide Health Information about the service to your insurance plan. We will agree to such requests unless required by law to disclose that information to the health plan.

Right to Request Confidential Communications

You have the right to request that we communicate with you regarding your medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how your wish to be contacted. We will accommodate reasonable requests.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our office at 30 E 60th Street, Suite 1901, New York, NY 10022. Alternatively, to exercise your right to inspect and copy Health Information, you may contact the office in writing via the HIPPA secure portal.

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 Health Information we already have as well as any information we receive in the future.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Dr. Moomjy or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

We are a HIPPA compliant medical practice.