

We may disclose to your family members, other relatives, close personal friends, or any other person that you identify the protected health information directly related to such person's involvement with your health-care or payment related to your care. We may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating) a family member, a person responsible for your care concerning your location, general condition, or death.

If you are present and have the capacity to make your own decision, we may disclose protected health information only (1) if we have your agreement to disclose to the third parties involved in your care, (2) we have provided you an opportunity to object and there is no objection; or (3) we reasonably infer under the circumstances, based on the exercise of reasonable judgment, that there is no objection to disclosure.

If you are not present or when the opportunity to agree or object to the use of disclosure cannot be provided due to your incapacity or an emergency circumstances, we may, in the exercise of professional judgment, determine whether the disclosure is in your best interests and if so disclose only the protected health information that is directly relevant to the person's involvement with your care.

Rights that you have.

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions. You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged). You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we make of your medical information, except for: disclosures we make to you, or to carry out treatment, payment or health care operations, or as requested by your written authorization, or as permitted or required under 45 CFR §164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law or disclosures made before April 14, 2003.

If you have received this notice electronically, you have the right to obtain a paper copy from our office.

Obligations that we have.

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.

We are required to abide by the terms of this notice as long as it is currently in effect.

We have the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our facility, and copies will be available there.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to Terry Lopolito, 2 Crosfield Avenue, West Nyack, NY 10994, (845) 353-4344. No retaliatory action will be taken against you for any complaint you may make.

Signature of Patient or Legal Representative

Print Name

Date

I make the following special request for confidential communications:

Signature of Office Representative

Date