

UPSTATE CARDIOLOGY DR. JP MISHRA
215 SUMMIT ST, BATAVIA, NY 14020

NOTICE OF PRIVACY PRACTICES

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 Physician Practice uses your Protected Health Information for your treatment, to obtain payment for our services and for your operational purposes, such as improving the quality of care we provide to you. We are committed to maintaining your confidentiality and protecting your health information. We are required by law to provide you with this Notice, which describes our health information privacy practices and those of our affiliated health care providers.

This Notice applies to all information and records related to your care that our Physician Practice workforce members and Business Associates (described below) have received or created. (It also applies to health care professionals, such as physicians, and organizations that provide care to you as part of our OH CA.) It informs you about the possible uses and disclosures of your Protected Health Information and describes your rights and our obligations regarding your Protected Health Information.

We are required by law to:

- maintain the privacy of your Protected Health Information;
- provide to you this detailed Notice of our legal duties and privacy practices relating to your Protected Health Information; and
- abide by the terms of the Notice that are currently in effect. We reserve the right to change the terms of this Notice and will notify you or your representative by letter if we make any material changes to the Notice.

I. **WITH YOUR CONSENT WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

You will be asked to sign a Consent allowing us to use and disclose your protected Health Information to others to provide you with treatment, obtain payment for our services, and run our health care operations. Here are examples of how we may use and disclose your health information.

For Treatment. Our staff and affiliated health care professionals may review and record information in your record about your treatment and care. We will use and disclose this health information to health care professionals in order to treat and care for you. For example, a physician may consult with another physician located at another location to determine how to best treat you.

For Payment. Our Physician Practice may use and disclose your Protected Health Information to others in order for the Physician Practice to bill your health care services and receive payment. For example, we may include your health information in our claim to your insurance company, Medicare and Medicaid in order to receive payment for services provided to you. We may also disclose your health information to other health care providers so that they can receive payment for their services.

For Health Care Operations. We may use and disclose your Protected Health Information to others for our Physician Practice's business operations. For example, we may use Protected Health Information to evaluate our Physician Practice's services, including performance of our staff, and to educate our staff.

II. **WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR OTHER SPECIFIC PURPOSES**

Business Associates

We may share your Protected Health Information with our vendors and agents who help us with obtaining payment or carrying out our business functions. These are called our "Business Associates". For example, we may give your health information to a billing company to assist us with our billing for services, or to a law firm or an accounting firm that assists us in complying with the law and or improving our services.

Family and Friends Involved in Your Care. Unless you object, we may disclose your Protected Health Information to a family member or close personal friend, including clergy, who is involved in your care or payment for that care.

Disaster Relief. We may disclose your Protected Health Information to an organization assisting in a disaster relief effort.

Public Health Activities. We may disclose your Protected Health Information for public health activities including the reporting of disease, injury, vital events, and the conduct of public health surveillance, investigation and/or intervention. We may also disclose your information to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition if a law permits us to do so.