

# 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.**

Jacob Zamstein, M.D, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Jacob Zamstein, MD, LLC please contact:

Amelia Hamilton, Privacy Officer  
C/O Jacob Zamstein, MD, LLC  
701-C Cottage Grove Road  
Bloomfield, CT 06002  
(860) 242-2900

**Effective Date of This Notice: November 1, 2011 (Amended)**

## **I. How Jacob Zamstein, MD, LLC may Use or Disclose Your Health Information**

Jacob Zamstein, MD, LLC collects health information from you and stores it on a computer. This is your medical record. The medical record is the property of Jacob Zamstein, MD, LLC, but the information in the medical record belongs to you. Jacob Zamstein, MD, LLC protects the privacy of your health information. The law permits Jacob Zamstein, MD, LLC to use or disclose your health information for the following purposes:

1. Treatment. We may use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. We may share information about you with your pharmacist who needs to dispense medication to you or a laboratory that performs a test.
2. Payment. We may use and disclose medical information about you to obtain payment for the services we provide. For example, we may give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Regular Health Care Operations. We may use and disclose medical information about to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with other health care providers, a health care clearing hours or health plans that have a relationship with you when they request this information, to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of compliance qualifications and performance of health care professionals, their training programs, their accreditation and certification or licensing activities. We may share your medical information with our "business associates", such as our medical software and EMR company that performs administrative services for us. We have a written contract with each of

these business associates that contains terms requiring them to protect the confidentiality of your medical information.

4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. We may send you a postcard or letter to notify you of an upcoming or changed appointment.

5. Patient Notification. We will call out your name when we are ready to see you and bring you down the hall to be seen.

6. Notification and communication with family. We may disclose your health information to a family member or other person you identify where relevant to that person's involvement in your care or payment for your care. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you.

8. Required by law. As required by law, we may use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

9. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or other abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

10. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

11. Judicial and administrative proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

12. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

13. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

14. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

15. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

16. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

17. Specialized government functions. We may disclose your health information for military, national security, or to correctional institutions or law enforcement officers that have you in lawful custody.

18. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

19. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

20. Change of Ownership. In the event that Jacob Zamstein, MD, LLC is sold or merged with another organization, your health information/record may be transferred to the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

## **II. When Jacob Zamstein, M.D, LLC May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Jacob Zamstein, M.D, LLC will not use or disclose your health information without your written authorization. If you do authorize Jacob Zamstein, M.D, LLC to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. Your Health Information Rights**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to receive your health information through a reasonable alternative means or at an alternative location. For example, you may ask that we send information to a different address from your home. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information with limited exceptions. We may charge a fee as allowed by law for copies. We may require

inspection or copy requests to be in writing. We may deny your request under limited circumstances and you may have a right to appeal our decision. You may ask that you receive your records in an electronic format.

4. Right to Amend or Supplement. You have a right to request that Jacob Zamstein, M.D, LLC amend your health information that is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about Jacob Zamstein, M.D, LLC's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 6 (notifications and communications with family), and 17 (certain government functions) of section I of this Notice of Privacy Practices.

6. Right to Receive a Notice of Privacy Practices. You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

#### **IV. Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and provide you with a copy upon request. We will also post the current notice on our website at [www.jzurology.com](http://www.jzurology.com).

#### **V. Complaints**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You will not be penalized for filing a complaint.

