

Notice of Privacy Practices

This notice describes how medical information may be used and disclosed and how you can get access to this information.

About this notice

This notice will tell you about the ways we may use and disclose health information that identifies you (e.g. Protected Health Information or "PHI"). We also describe our rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to maintain the privacy of PHI that identifies you and give you this Notice of legal duties and privacy practices with respect to your PHI, and follow the terms of our Notice that are currently in effect. This Notice covers all physicians and employees at Hudson Allergy.

For Treatment

We may use PHI about you to provide you with medical treatment or services. We may disclose PHI to doctors, nurses, and technicians employed by Hudson Allergy and who are directly involved in your care. At times, Hudson Allergy may have fellows and residents from New York Presbyterian/ Cornell Medical Center in our office. Disclosure of any PHI to these visiting physicians is at the discretion of the patient, who may or may not opt to have these physicians involved in their care.

For payment

We may use and disclose PHI so that we may bill for treatment and services you receive at Hudson Allergy and can collect payment from you, an insurance company or another third party.

Law enforcement

We may release PHI if asked by law enforcement officials for the following reasons: in response to a court order, subpoena, warrant, summons or similar process.

Worker's Compensation

We may release PHI for worker's compensation or similar programs. These programs provide benefits for work-related injury.

Public Health Risks

We may disclose PHI for public health activities. These activities generally include disclosures to: a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality or effectiveness of an FDA-regulated product or activity; prevent or control disease, injury or disability; report of births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make such a disclosure

Military and Veterans

If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military

Health Oversight Activities

We may disclose PHI to a 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 health care systems, government programs, and compliance with civil rights laws.

Lawsuits and disputes

If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to 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.



Notice of Privacy Practices

I hereby attest that I have received a copy of Hudson Allergy's Notice of Privacy Practices. I understand that the signature below will become a permanent part of my medical record.

Patient's Name

Date

Patient's Signature, or
Signature of patient's guardian

If signed by other than patient, please
provide name and relationship