

THE VASCULAR GROUP, PLLC

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.

The Vascular Group, PLLC is committed to safeguarding the confidentiality of your Protected Health Information. We will use and disclose your Protected Health Information only as described in the Notice which is currently in effect. If you should have any issues or concerns, please do not hesitate to contact The Vascular Group, PLLC.

We are required by law to maintain the privacy of Protected Health Information and to provide you with notice of our legal duties and privacy practices.

What is Protected Health Information?

“Protected Health Information” is information that individually identifies you and that we create or receive from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to (1) your past, present or future physical or mental health, condition or treatment, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care. This includes both your medical information and identification information, such as your address, workplace, social security number and other similar personal information. Protected Health Information includes information that is written or stored electronically.

How We May Use and Disclose Your Protected Health Information

We will use or disclose your Protected Health Information in the following circumstances:

- **For Treatment.** We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, we will allow your physician or nurse to access your medical record for the purpose of treating you, or may provide Protected Health Information to another health care provider, hospitals or other health care facilities (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service. Others involved in your care, such as a laboratory technician, a consulting physician, or a social worker, may also see your Protected Health Information.
- **For Payment.** We may use or disclose your Protected Health Information for purposes of obtaining payment for the treatment and services you receive from us and collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan Protected Health Information about your condition and treatment to support their payment for your care or treatment.
- **For Health Care Operations.** We may use or disclose Protected Health Information for our health care operations. For example, we may use your Protected Health Information to evaluate the treatment and services provided to you, the performance of our staff, to educate our staff or students on how to provide or improve care, or to confirm our compliance with federal and state laws and regulations.

- **For Appointment Reminders.** We may use or disclose Protected Health Information to contact you to provide appointment reminders for treatment or medical care or other operations.
- **For Treatment Alternatives/Health-Related Benefits and Services.** We may use or disclose Protected Health Information to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **To A “Business Associate.”** We may disclose Protected Health Information to a person or entity with whom we contract to perform some of our functions on our behalf, and who needs access to the Protected Health Information to perform those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect your privacy and ensure the security of your Protected Health Information.
- **To You.** We may disclose information to you or, if you lack capacity, to someone authorized to act on your behalf.
- **Required By Law.** We may use or disclose your Protected Health Information when we are required to do so by federal, state or local law.
- **Public Health.** We may use or disclose your Protected Health Information for public health activities and purposes. This includes, for example, disclosures to : (1) a person or company subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report reactions to medications or problems with products; (5) notify people of recalls of products they may be using; and (6) a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law or rule permits us to do so.
- **Health Oversight.** We may disclose your Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, disciplinary actions and similar activities that are necessary for the government to monitor the healthcare system and government programs.
- **Abuse or Neglect.** We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your Protected Health Information to the public health authority or agency authorized to receive such information.
- **Lawsuits and Disputes.** We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal or, in certain circumstances, in response to a subpoena, discovery request or other lawful process. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose Protected Health Information for law enforcement purposes, including disclosures in response to limited information requests for identification and location purposes, disclosures pertaining to victims of a crime, and disclosures about decedents. We may also disclose Protected Health Information in order to comply with laws requiring reporting of certain types of injuries or deaths, in response to court orders, to report crimes under certain emergency circumstances, or to report a crime that occurred on our property.

- **Coroners, Funeral Directors, and Organ Donation.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director, to permit them to carry out their functions. If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank- as necessary to facilitate organ, eye or tissue donation or transplantation.
- **Research.** As an academic practice, information contained in confidential database files may be made available to researchers so that they may contact you about research. We will not use your Protected Health Information unless you provide us with specific permission after the research has been explained to you, unless the Institutional Review Board (a body that approves research) determines that specific permission from you is not required. Even without that specific permission, we may permit researchers to review Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- **Health or Safety Threat.** We may disclose your Protected Health Information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of others.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** Your Protected Health Information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.
- **Data Breach Notification Purposes.** We may use or disclose Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care (2) to protect your health and safety or the health and safety of others; (3) the safety and security of the correctional institution.
- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.

Uses and Disclosures That Require Us to Give You an Opportunity to Object or Opt Out

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a relative, friend or any other person you identify, your Protected Health Information about your location and general condition, and other information directly relevant to that person's involvement with your care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

- **Fundraising Activities.** We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. For example, we may use the basic identifying information for patient lists (such as where you live or work and the dates that you received treatment) to send you material in connection with our efforts to raise funds for charitable activities. You have the right to opt out of receiving fundraising communications.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever practicable.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to us and we will no longer disclose Protected Health Information under the authorization. Disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights

The following is a statement of your rights with respect to your Protected Health Information:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your Protected Health Information that we maintain (in a written or electronic format) of your medical or billing record, for as long as we maintain the record. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain limited circumstances. However, under federal and state law, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to that Protected Health Information. In some circumstances, you may have a right to have this decision reviewed. If you wish to inspect or obtain a copy of your Protected Health Information or if you have questions about this right please contact us at address listed below.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format requested your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or health care operations. You also have the right to request a limit on the Protected 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. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. We will accommodate all reasonable requests. We will not ask you the reason for your request. Please make this request during your registration process.
- **Right to Amend your Protected Health Information.** If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to us and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information is accurate and complete or if we did not create the record you seek to amend. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Right to an Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made (a) to you or to your personal representative, (b) pursuant to your written authorization, (c) for a resident directory, (d) to family members or friends involved in your care, (d) for notification purposes, (e) about inmates to correctional institutions or law enforcement officers or (f) disclosures that do not directly identify you. Additionally, limitations are different for electronic health records. You have the right to receive specific information regarding these disclosures that occurred on or after April 14, 2003. You may request this information for a period of up to six (6) years prior to your request. If your Protected Health Information is in an Electronic Medical Record, you may request this information for a period of up to three (3) years prior to your request. You may request a shorter time frame, for example, from January 1, 2004 to June 1, 2004. You may obtain one accounting listing within every 12-month period without charge; we may impose a charge for additional request within the same 12-month period. The right to receive this information is subject to certain exceptions, restrictions and limitations. To make this request, please submit a written request for the information to us.
- **Out-Of-Pocket-Payments.** If you paid out-of-pocket (in other words, you have requested that the we do not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health

Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

- **Right to a Paper Copy of This Notice.** You have a right to obtain a paper copy of this Notice from us, even if you have agreed to accept this notice electronically. You may request a copy of this Notice at any time.

How to File a Complaint. You may report a privacy complaint to the Privacy Officer in writing to the address listed below. We will not retaliate against you for filing a complaint. If you are not satisfied with the Privacy Officer's response or otherwise wish to file a privacy complaint you may do so to the Secretary of the U.S. Department of Health and Human Services.

If you have any questions or concerns, or require assistance in exercising your privacy rights, you may contact the Privacy Officer.

The Vascular Group Privacy Officer – Kathleen Ozsvath, MD
Telephone Number (518) 262-5640
Address: 43 New Scotland Ave, MC157, Albany, NY 12208

The Vascular Group Privacy Administrator - Christopher Quinn, HR Director
Telephone Number (518) 262-5640
Address: 43 New Scotland Ave, MC157, Albany, NY 12208

Effective Date and Changes

This notice was published and becomes effective on September 16, 2013. We reserve the right to change the terms of your notice or policies at any time, and to make the new notice effective for all Protected Health Information that we maintain.