FLOWER CITY PSYCHIATRY
(585) 445 8789
THE PARK AT ALLENS CREEK
140 Allens Creek, Suite 200
Rochester, NY 14618

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.

Your Rights

When it comes to your health information, you have certain rights.

* Get an electronic or paper copy of your medical record. I will provide a copy or summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.
* Ask me to correct your medical record if you think it is incorrect or incomplete. I may say "no" to your request, but will tell you why in writing within 60 days.
* Request confidential communications in a specific way (i.e. home vs. office phone, specified e-mail address, etc). I will say "yes" to all reasonable requests.
* Ask me to limit what I use or share. You may ask me not to use or share certain health information for treatment, payment, or our operations, but I am not required to agree to your request if it would affect your care. If you pay for a service or health care item out-of-pocket, you can ask me not to share that information for the purpose of payment or our operations with your health insurer, unless a law requires me to share that information.
* Get a list of those with whom we've shared information for 6 years prior to the date you ask, and why. I will include all those disclosures except for those about treatment, payment, and health care operations, and any you asked me to make. The first year will be free of charge, but I may charge a reasonable, cost-based fee if you request another within 12 months.
* Get a copy of this privacy practice
* Choose someone to act for you. I will make sure this person has the authority and can act for you before I take any action.
* File a complaint if you feel your rights are violated. I will not retaliate against you for any complaint. You may contact me using the information on page 1. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, and/or calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, tell me what you want me to do and I will follow your instructions.

- You have both the right and choice to tell me to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory

  If you not able to tell me your preference (i.e. you are unconscious), I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.
- I never share your information unless you give me written permission for:
  - Marketing purposes
  - Sale of your information
  - Fundraising purposes- I may contact you for fundraising efforts, but you can tell me not to contact you again.

My Uses and Disclosures

I may use or share your information in the following ways:

- With other professionals who are treating you
- To run my practice, improve your care, and contact you when necessary
- To bill and get payment from health plans or entities
- Help with public health and safety (i.e. preventing disease, product recalls, reporting adverse reactions to medications, reporting suspected abuse/neglect/domestic violence, preventing or reducing serious threat to anyone's health or safety
- Conduct health research
- If a state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director when an individual dies
- Address workers' compensation, law enforcement, and other government requests (i.e. military, national security, and presidential protective services)
- Respond to lawsuits and legal actions (i.e. court or administrative order, response to a subpoena).

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My Responsibilities

* I am required by law to maintain the privacy and security of your protected health information.

* I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* I must follow the duties and privacy practices described in this notice and give you a copy of it.
* I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time by letting me know in writing.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

I can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in my office, and on my website.

This notice applies only to the practice of Flower City Psychiatry LLC/Allison L Giordano, M.D. .
The effective date of this notice is October 1, 2017.

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Signature of Patient **Date Signed**

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Signature of Guardian/Legal Representative **Date Signed** **Relation to Individual**