

# **AMBER STONE MEDICAL P.C.**

## **Patient Handbook, Patient Notice of Privacy Practices and Patient's Bill of Rights and Responsibilities**

HEKA Health and Wellness  
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# AMBER STONE MEDICAL P.C.

Welcome to Amber Stone Medical P.C., located at HEKA Health and Wellness. This Patient Handbook was designed to introduce you to the practice, provide you with some basic information, and most importantly to explain your rights and responsibilities as a patient. Please read this Handbook carefully. If you need assistance in understanding any information in the Handbook, please let us know. We will be happy to assist you.

It is our intent to assist you, in whatever manner necessary, throughout your visit at HEKA. This includes assistance with understanding all aspects of your care, helping you to make informed decisions, and helping you to understand your rights and responsibilities. We will do everything possible to provide you with the finest quality healthcare. We will also do the best we can to accommodate all of your non-medical needs.

## PATIENT NOTICE OF PRIVACY PRACTICES

Effective: June 2022

**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.**

This Notice of Privacy Practices describes how Amber Stone Medical P.C. (the "Practice") may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or conditions and related health care services.

**We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. Any revised Notice of Privacy Practices would be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail. A copy of the current Notice of Privacy Practices will be prominently displayed in our office at all times and posted on our website.**

### 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### A. Uses and Disclosures of Protected Health Information

Prior to disclosing your protected health information to outside health care providers or to obtain payment, we will obtain your general consent, usually at your first visit to our facility.

- (a) **Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that already has obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to your primary care physician. We also may disclose protected health information to specialist physicians who may be treating you.

- (b) **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we provide for you, determining your eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities.
- (c) **Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of the Practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to an insurer or accreditation agency which performs chart audits. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may use or disclose your protected health information, as necessary, to contact you to remind you of your scheduled procedure.
- (d) **Business Associates:** We will share your protected health information with third party “business associates” that perform various activities for the Practice (e.g., management and marketing companies, computer consulting company, law firm or other consultants). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.
- (e) **Health Related Benefits/Treatment Alternatives:** We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our HIPAA Privacy and Security Officer to request that these materials not be sent to you.

## **B. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing, except to the extent that the Practice has taken an action in reliance on the use or disclosure indicated in the authorization.

The following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI;
- Most uses and disclosures of psychotherapy notes (if the Practice maintains psychotherapy notes); and
- Other uses and disclosures not described in the notice.

## **C. Other Permitted and Required Uses and Disclosures That May Be Made With Your Permission or Opportunity to Object**

- (a) **Others Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health 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 upon our professional judgment.
- (b) **Information to your family members:** Unless a prior preference is expressed to the Practice, a deceased patient’s health information may be disclosed to a family or other member or other

persons who were involved in the individual's care or payment for health care prior to the individual's death if such protected health information is relevant to person's involvement.

**D. Other Permitted and Required Uses and Disclosures that may be made without your Consent or Authorization**

- (a) **Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law.
- (b) **Public Health:** We may disclose your protected health information for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We also may disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- (c) **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- (d) **Health Oversight:** We may disclose your protected health information to a governmental agency for activities authorized by law, such as audits, investigations, and inspections.
- (e) **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, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.
- (f) **Product Monitoring and Recalls:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, and biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or in connection with post-marketing surveillance, as required by law.
- (g) **Legal Proceedings:** 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 (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- (h) **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes included (1) legal processes, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.
- (i) **Decedents:** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties. Protected health information does not include health information of a person who has been deceased for more than 50 years.
- (j) **Criminal Activity:** 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 the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

- (k) **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for authorized military purposes, as required by law.
- (l) **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.
- (m) **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal privacy regulations.

## 2. YOUR RIGHTS

**A. You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a medical record maintained by the Practice for as long as we maintain the protected health information. We may charge you our standard fee for the costs of copying, mailing or other supplies we use to fulfill your request.

**B. You have the right to request a restriction of your protected health information.** This means 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 may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

In most circumstances, your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. However, if you request us to restrict disclosures to health plans that we would normally make as part of payment or health care operations, we **must** agree to that restriction if the protected health information relates to health care which you have paid out of pocket in full.

If your physician does 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. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction using the form for requests for restrictions on protected health information from the HIPAA Privacy and Security Officer, or you may provide us your request, in writing. Your request must include (a) the information you wish restricted; (b) whether you are requesting to limit the Practice's use, disclosure, or both; and (c) to whom you want the limits to apply.

**C. You have the right to electronic copies of your protected health information when requested.** Where information is not readily producible in the form and format requested, the information must be provided in an alternative readable electronic format as agreed to by you and the Practice may charge a reasonable cost-based fee for labor in copying protected health information and postage where you request that information be transmitted via mail or courier.

**D. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** For example, you may ask us to contact you by mail, rather than by phone at home. You do not have to provide us a reason for this request. We will accommodate reasonable requests. We also may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to our HIPAA Privacy and Security Officer.

**E. You may have the right to have your physician amend your protected health information.**

This means you may request an amendment of protected health information about you that we maintain. In certain cases, we may deny your request for an amendment. If we deny your request for 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. Please contact our HIPAA Privacy and Security Officer if you have questions about amending your medical record.

**F. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies generally to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. However, you do have the right to an accounting of disclosures for treatment, payment or health care operations if the disclosures were made from an electronic health record.

Your right to an accounting of disclosures excludes disclosures we may have made to you, or to family members or friends involved in your care, or for notification purposes.

You have the right to receive specific information regarding other disclosures that occurred up to six years from the date of your request (three years in the case of disclosures from an electronic health record made for treatment, payment or health care operations). You may request a shorter timeframe. The first list you request within a 12-month period is free of charge, but there is a charge involved with any additional lists within the same 12-month period. We will inform you of any costs involved with additional requests, and you may withdraw your request before you incur any costs.

**G. You have the right to obtain a paper copy of this Notice from us.**

**H. You have the right to receive notice in the event of a breach of unsecured protected health information.** This means that you will receive notice if a breach of your protected health information is discovered within 60 days of discovery.

### **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Privacy and Security Officer of your complaint. We will not retaliate against you for filing a complaint.

If you have any questions, complaints, concerns, grievances, and/or would like additional information, you may contact the Practice's HIPAA Privacy and Security Officer, Stephen Bernstein, M.D., at (631) 990-4352, or in writing at [info@HekaHealthandWellness.com](mailto:info@HekaHealthandWellness.com)

# PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

## ***Each patient treated at Amber Stone Medical P.C. has the right to:***

1. Receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, gender identity, national origin or sponsor, or other basis protected by federal, state or local law;
2. Be treated with consideration, respect and dignity including privacy in treatment;
3. Be informed of the services available at the Practice;
4. Be informed of the provisions of off-hour emergency coverage;
5. Be informed of and receive estimate of the charges for services, view list of health plans that the Practice participates with; eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
6. Receive an itemized copy of his/her account statement, upon request;
7. Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can reasonably be expected to understand;
8. Receive from surgeon/physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. The consent shall include, at a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision;
9. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of such actions;
10. Refuse to participate in experimental research;
11. Voice grievances and recommended changes in policies and services to the Practice's staff, the operator and the New York State Department of Health without fear of reprisal;
12. Express complaints about the care and services provided and to have the Practice investigate such complaints. The Practice is responsible for providing the patient or his/her designee with a written response within 30 days, if requested by the patient, indicating the findings of the investigation;
13. Privacy and confidentiality of all information and records pertaining to the patient's treatment;
14. Approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third-party payor contract;
15. Have access to his/her medical record pursuant to the provisions of section 18 of the Public Health Law, 10 NYCRR Subpart 50-3, and Federal HIPAA law. For additional information link to: Access to Your Medical Records ([https://www.health.ny.gov/publications/1449/section\\_1.htm#access](https://www.health.ny.gov/publications/1449/section_1.htm#access)) and Do I Have the Right to See My Medical Records? (<https://www.health.ny.gov/publications/1443/>)
16. View a list of the health plans that the Practice participates with;
17. Receive an estimate of the amount that you will be billed after services are rendered;
18. Receive care in a safe setting, free from all forms of abuse or harassment;

19. Know what rules and regulations of the Practice apply to their conduct as a patient;
20. Good quality care and high professional standards that are continually maintained and reviewed;
21. Refuse drugs or treatment and be told what effect this may have on your health;
22. Have his/her rights exercised by the person appointed under State law to act on their behalf, should they be judged incompetent by a court of competent jurisdiction under applicable State law; and
23. Accurate information regarding the services, competence and capabilities of the Practice.

***Each patient treated at Amber Stone Medical P.C. has the responsibility to:***

24. Treat all staff and providers with common courtesy and respect;
25. Follow instructions given by his/her surgeon, anesthesiologist, and operative care givers;
26. Provide the Practice staff with all medical information which may have a direct effect on the services provided by the Practice;
27. Provide the Practice with all information regarding third-party insurance coverage;
28. Fulfill financial responsibility, for all services received, as determined by the patient's insurance carrier.