

CNY Medical Products

749 W. Genesee Street Syracuse, NY 13204
(315)428-9945 * Fax (315)428-0737

Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed, and how you can access this information. Please review and sign at the bottom of the page.

Uses and disclosures: We will use and disclose elements of your protected health information (PHI) in the following ways:

- 1. Treatment-** Our organization may use your PHI to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as physicians, therapists, spouse, children, or guardian.
- 2. Payment-** Our organization may use and disclose your PHI in order to bill and collect payment for the services and items you have received. For example, we may contact your health insurer to verify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding the services and equipment that we may provide to determine if the insurer will cover or service or equipment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may use and disclose your PHI to collect payments, when necessary, through our corporate attorney or collection agency.
- 3. Health Care Operations-** Our organization may use and disclose your PHI to operate our business, evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practices.
- 4. Law Enforcement-** When release is required by law, including judicial settings and to health oversight regulatory agencies and law enforcement.
- 5. Serious Threats to Health or Safety-** In emergency situations or to avert serious health/safety situations.
- 6. Military-** If you are in the military or if required by the appropriate military command authorities.
- 7. National Security-** For purposes of national security and intelligence activities when authorized by law.
- 8. Inmates-** If you are an inmate or under the custody of a law enforcement official, for the purposes of providing services to you.
- 9. Workers Compensation-** We may release your PHI for workers' compensation and similar programs.

Your Rights: You have the following rights concerning your PHI.

- 1. Confidential Communications-** To receive correspondence of confidential information by alternate means or location.
- 2. Requesting restrictions-** You have a right to request a restriction in our use or disclosure of your PHI.
- 3. Inspection and copies-** You have a right to inspect and have a copy of your PHI. You must submit this request in writing and may be charged a fee for the cost of each copy.
- 4. Amendment-** You may ask us to amend your PHI if you feel it is incorrect as long as the information is kept by our organization. You must make this request in writing to us and give a reason that supports your request.
- 5. Accounting of Disclosure-** You have the right to request an accounting of disclosures that our company has made. You must submit this request to us in writing. The first list you request within a 12 month period is free of charge.
- 6. Rights to a paper copy of this notice and updates-** You have a right to a copy of our complete "Notice of Privacy Practices". To receive a copy, please contact our customer service department or ask your sales consultant.
- 7. Right to file a complaint-** If you feel that your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. You must submit this complaint in writing to us and you will not be penalized.
- 8. Right to provide an authorization for other uses and disclosures-** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by law. You have a right to revoke this authorization at any time in writing.

This notice is effective as of August 30th, 2012 and we reserve the right to make any necessary changes.

I have read and understand this notice:

Signature

Date

Print Patient Name

If you are signing as the patient's representative, print your name: _____

Please give reason for why you are signing for the patient: _____