

# Reproductive Medicine Associates of New York

## Manhattan- Eastside

635 Madison Avenue, 10th Floor  
New York, NY 10022  
(212) 756-5777

## Brooklyn

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Brooklyn, NY 11201  
(718) 532-8700

## Manhattan-Downtown

594 Broadway Suite 1011  
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## Manhattan-Westside

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(212) 256-8200

## Mexico

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**Effective Date: July 1st, 2022**

## Health Insurance Portability and Accountability Act of 1996 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.

*If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the bottom of this Notice.*

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all of the records of your care generated by your health care provider.

### Our Responsibilities

RMA of New York is required by law to maintain the privacy of your protected health information and to provide you with a description of our legal duties and privacy practices regarding your health information. This Notice describes how we 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 relates to your past, present or future physical or mental health or conditions and related health care services.

We are required by law to abide by the terms of this Notice. We may change the terms of this Notice at any time. Any revisions to this Notice would be effective for all protected health information that we maintain at that time. You may request a copy of the current Notice by calling our office and requesting that a copy be sent to you in the mail. Also, a copy of the most current Notice is prominently displayed in the reception area at our offices and is posted on our website at [www.rmany.com](http://www.rmany.com).

### How We May Communicate with You

In the course of your treatment at RMA of New York, we will have to communicate with you about your care. You will be asked whether you would like such communication you about your care through phone, email, SMS, telehealth services or by fax. A separate authorization to receive communication from our team will be required for some forms of communication. At any point, you can notify our Privacy Officer at the number listed at the bottom on this Notice that you wish to revoke or amend such authorization.

### How We May Use and Disclose Protected Health Information About You.

The following categories describe examples of the ways we may use and disclose my/our protected health information:

**For Treatment:** We may use and disclose your protected health information to provide, coordinate and 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 may disclose your protected health information to your primary care physician. We also may disclose protected health information to other specialist physicians who may be treating you.

**For Payment:** Your protected health information may 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 by you for medical necessity and undertaking utilization review activities.

**For Health Care Operations:** We may use or disclose, as needed, your health information in order to support our business activities of our practice. These activities may include, but are not limited to quality assessment activities, employee review activities, licensing, legal advice, accounting support, information systems support 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 appointment.

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 Privacy Officer to request that these materials not be sent to you.

We may also use or disclose your protected health information for purposes of conducting training programs in which medical students, trainees, fellows, or other practitioners, under our supervision, practice or improve their skills as health care providers. During your visit you may be asked to allow such trainees to observe and/or participate in your care. You have the right to refuse such observation and/or participation, and we will not discriminate against you for such refusal.

**Business Associates:** There are some services provided to our organization through contracts with third party "business associates". Examples include billing, collections, software support and quality assurance. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that we have asked them to do. Whenever an arrangement between our organization 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 require the business associate to protect the privacy of your protected health information. In addition, business associates are individually required to abide by certain HIPAA rules.

### 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 we have 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 we maintain psychotherapy notes);
- Other uses and disclosures not described in this Notice.

Privacy Officer: Ashley Melito  
Telephone Number: (212) 756-5777

**Other Permitted and Required Uses and Disclosures That May Be Made with Your Permission or Opportunity to Object**

**Others Involved in Your Care or Payment for Your Care:** If you agree, 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 (including in emergency situations).

**Research:** We may use and disclose your health information for research purposes if we have removed all information that has the potential to identify you so that the health information is "de-identified". De-identified protected health information is health information that does not identify an individual and there is no reasonable basis to believe that the information can be used to identify an individual. We may also use and disclose your protected health information for research purposes in connection with clinical study you have been enrolled, or for other research purposes. All such uses and disclosures of your protected health information in connection with the research will be in compliance with applicable law, which may or may not require your authorization.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your health information in the following situations without your authorization or an opportunity to object. These situations include, but are not limited to:

**As required by law:** We may use and disclose your protected health information to the extent that the use or disclosure is required by law.

**Other Allowed Uses:** We are allowed or required to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. These purposes include preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone's health or safety. We may also share your information in responding to organ and tissue donation requests, working with medical examiner or funeral director when an individual dies, workers compensation claims, sharing information with health oversight agencies for activities authorized by law, and for special government functions such as military, and national security reasons.

**Research:** We may use or disclose your protected health information for research in accordance with applicable requirements under federal and state law provided that (1) we obtain IRB approval of a waiver of authorization; (2) the review of

PHI is in preparation for research; or (3) research is of decedent information.

**Law Enforcement/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. 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 our offices, and (6) medical emergency (not on our premises) and it is likely that a crime has occurred.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. We may use and disclose your protected health information as may be required under state-specific law, and we are bound by state-specific requirement which may be more protective of your rights, including without limitation, confidentiality laws regarding HIV, genetic testing, and substance abuse records.

**Your Health Information Rights**

Although your health record is the physical property of RMA of New York that compiled it, you have the right to:

**Inspect and Copy:** You have the right to inspect and obtain a copy of your protected health information that may be used to make decisions about your care. We ask that you submit these requests in writing. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Requests for access to and copies of your medical information must be submitted to RMA of New York in writing.

**Amend:** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of our disclosures of your protected health information except for certain circumstances, including disclosures for

treatment, payment, health care operations or where you specifically authorized a disclosure. RMA of New York will provide the first accounting to you in any 12-month period without charge. The cost for subsequent requests for an accounting within the 12-month period will be \$10.00. We ask that you submit these requests in writing.

**Request Restrictions:** You have the right to ask us *not* to use or share certain protected health information for treatment, payment or health care operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires us to share that information. For those restrictions agreed to by our organization, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing.

**Notification of Breach:** You have the right to receive notice in the event of a breach of your unsecured protected health information by us or our business associates within 60 days of discovery.

**A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.**

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us by calling (212) 756-5777 and asking for the Privacy Officer or by emailing us at [HIPAA@rmaofny.com](mailto:HIPAA@rmaofny.com). You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. You will not be penalized for filing a complaint.

**Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provided to you.