

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Uses and disclosures for Treatment, Payment, and Health Care Options:

Dr. Silvestri uses and disclosed protected health information in a number of different ways in connection with your treatment, payment for your health care, and in our health care operations. The following are only a few examples of the types of uses and disclosures of your protected health information that we are allowed to make WITHOUT your authorization.

TREATMENT: We may disclose information about you to your doctor or to other health care providers who take care of you.

PAYMENT: We will use and disclose your protected health information to manage your health benefits policy or contract, which may involve decisions about eligibility, claims payment, utilization reviewed and management, medical necessity review, and answering complaints and appeals.

HEALTH CARE OPTIONS: As required by New York State Law, we obtain your consent in order to use and disclose your protected health information, (PHI) to support business activities such as determining premiums for your health plan, conducting quality improvement activities, and engaging in care coordination or case management.

HEALTH RELATED BENEFITS AND SERVICES: We may use your information to tell you about health related benefits or services that we feel may benefit you.

USES AND DISCLOSURE OF PHI WITHOUT AN AUTHORIZATION: We may disclose your PHI without your written authorization as required by law and by government agencies. For example, we disclose you PHI as required by law to respond to a court ordered subpoena.

USES AND DISCLOSURES OF PHI WITH AN AUTHORIZATION: For any uses or disclosures that are not for treatment, health care operations, or payments. As required by law, a signed authorization must be given to the physician or designee within the office and the signed authorization can only be used for that which is stated on the authorization. All requests for non-routine disclosures are looked at on a case-by-case basis to limit the release of information to the minimum amount necessary to meet the purpose for which the request was made.

RESTRICTION RIGHT: Dr. Silvestri does not share your information for any purposes other than for the administration, servicing, or underwriting of your policy, claims, or accounts, or for any other purposes permitted or required by law without prior authorization from you.

RIGHT TO CONFIDENTIAL COMMUNICATIONS: You have the right to ask that we send your PHI to you at an address of your choice or to communicate with you in a certain way. All requests for alternative communications must be made in writing on the Alternative Communications Request Form. We will respond to you in writing within 30 days of receiving your request.

Signature

Date