

PAUL B. YELLIN, M.D., PLLC

**THE YELLIN CENTER FOR STUDENT SUCCESS
104 W. 29th STREET, 12th FLOOR, NEW YORK, NY 10001**

PRIVACY NOTICE

**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.**

A. OUR POLICY REGARDING YOUR HEALTH INFORMATION

We are committed to preserving the privacy and confidentiality of your health information. This Privacy Notice describes how the office of Paul B. Yellin, M.D., PLLC (the “practice”) may use and disclose your protected health information according to applicable laws and regulations. It also describes your rights with respect to your protected health information. Your “protected health information” includes most information about your physical and mental health, such as the reasons for your visit, test results, and demographic data, which contains details that can be used to identify you. We are required by law to maintain the privacy of your “protected health information” and to provide you with this notice of our legal duties and privacy practices.

We reserve the right to change this notice and to make the revised notice effective for all protected health information that we maintain at that time and any information we may receive in the future. We will post a copy of the current notice in our office and we will make any revised notice available at the office for you to request a copy. We are required to abide by the terms of this notice while it remains in effect, including any future revisions that we may make to the notice as required or authorized by law.

B. USES AND DISCLOSURES WITH AND WITHOUT YOUR AUTHORIZATION

We must obtain your written permission or “authorization” to use or disclose your protected health information except in the limited situations listed below, which do not require your written authorization:

1. **Law Enforcement Purposes:** We may disclose your protected health information to law enforcement officials under certain circumstances when we are required by law to disclose such information. For example, we may disclose your protected health information pursuant to an order, warrant, subpoena or summons issued by a judicial officer. Under certain circumstances, we may disclose your protected health information pursuant to administrative requests related to law enforcement purposes.
2. **Payment:** We will use and disclose your protected health information, when needed, to assist in the reimbursement for our health care services. For example, we may disclose protected health information to your health insurance company to determine whether a particular service is covered under your plan.
3. **Public Health Activities:** The Practice may disclose your protected health information to certain public health authorities and others according to specific rules that apply to public health activities. For example, the Practice may disclose your protected health information where required by public health authorities or other government authorities authorized by law to receive such information for purposes of preventing or controlling disease, injury, disability, or child abuse or neglect or for the conduct of public health surveillance, investigations and interventions.
4. **Health Oversight Activities:** The Practice may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations, proceedings and actions; inspections; licensure or disciplinary actions; and other activities necessary for appropriate oversight of the health care system and oversight of certain programs and entities as authorized by law.
5. **Judicial and Administrative Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In

certain circumstances, we may disclose your protected health information in response to a subpoena, discovery request or other lawful process to the extent authorized by State law if we receive satisfactory assurances from the party requesting your information that you have been notified of the request or that they have made reasonable efforts to obtain a qualified protective order. A qualified protective order is an order of a court or tribunal that prohibits the use or disclosure of your protected health information for any purpose other than the proceeding for which it was requested and which requires that your protected health information will be returned to the Practice at the end of the proceeding.

6. **Suspected Abuse, Neglect or Domestic Violence**: The Practice will disclose medical information that reveals that you may be a victim of abuse, neglect or domestic violence to a government authority if the Practice is *required by law* to make such disclosure. For example, State law requires health care professionals to report cases of suspected child abuse or maltreatment. If the Practice is *authorized, but not required, by law* to disclose evidence of suspected abuse, neglect or domestic violence, it will do so if it believes that disclosure is necessary to avoid physical harm.
7. **Appointment Reminders**: The Practice may, from time to time, use or disclose your protected health information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that we believe may be of interest to you. The Practice may remind you of appointments by mailing a postcard to you at the address provided by you or by telephoning your home and leaving a message on your answering machine or with the individual answering the phone. The Practice will not disclose any information with these appointment reminders except your name, your address and the time, date and location of your appointment.
8. **Required by Law**: In addition to those uses and disclosures listed above, we may use and disclose your protected health information if and to the extent we are required by law.

C. YOUR RIGHTS

You have the following rights regarding your protected health information:

1. **Right to Revoke an Authorization**: You may revoke an Authorization in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Contact, whose contact information is listed below in part D of this Privacy Notice.
2. **Right to Request Restrictions on Uses and/or Disclosures**: You may request restrictions on the use and/or disclosure of your protected health information, or of certain parts of your protected health information, for treatment or health care operations. To request restrictions, you must submit a written request to the Practice's Privacy Contact. In your written request, you must identify the specific restriction requested and identify who you want the restrictions to apply to. The Practice is not obligated to agree to any of your requested restrictions. If we deny your request to a restriction, we will notify you.
3. **Right to Request Confidential Communications**: You may request to receive confidential communications of protected health information by alternative means or at alternative locations. You must make your request to the Practice's Privacy Contact. The Practice will accommodate all reasonable requests. We may condition this accommodation on your specifying an alternative address or other method of contact. We will not require you to provide an explanation for your request.
4. **Right to Inspect and Copy Information**: According to Federal regulations, you may generally inspect and obtain a copy of your protected health information that we maintain in a designated record set. A "designated record set" is a group of records that includes medical and billing records or other records that the Practice use for making decisions about you. Under Federal privacy regulations, however, you have no right to inspect or copy certain records, including certain clinician's notes. Please note that New York State's Mental Hygiene Law and Public Health Law may provide you with independent

rights to inspect and copy such information. If Federal law does not allow you to inspect or copy certain information, such as clinician's notes, but State law allows you to inspect and copy such information, the Practice will respond to your request to access such information in accordance with New York State law. We may deny your request to inspect or copy your protected health information. Depending on the circumstances, you may or may not have a right to appeal our decision to deny your request. To inspect or copy your protected health information, you must submit a written request to the Practice's Privacy Contact. If you request a copy of your information, we may charge you a fee for the costs of copying and mailing your information and for other costs only as allowed by law.

5. **Right to Amend your Information**: You may request that we amend your protected health information that we maintain in a designated record set. To request an amendment, you must submit a written request, along with a reason that supports your request to our Privacy Contact. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. If you file such a statement, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
6. **Right to Receive an Accounting**: You may request an accounting of certain disclosures of your protected health information made by the Practice after April 1, 2007. We are not required to account for some disclosures, including those made for health care operations in accordance with part B of this Notice. Additionally, we are not required to provide you with an accounting of disclosures that you authorize or with an accounting of some disclosures that we are permitted to make without your authorization. Your request for an accounting of disclosures must be submitted in writing to our Privacy Contact and must specify a time period to be covered by the accounting. Your right to receive this information is subject to additional exceptions, restrictions and limitations.

7. **Right to Receive a Copy of Notice**: Upon your request, we will provide you with a paper copy of this Privacy Notice.
8. **Right to Complain**: You have the right to complain to the Practice or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You may complain to the Practice by contacting the Practice's Privacy Contact, using the contact information below. You will not be retaliated against in any way for filing a complaint.

D. PRIVACY CONTACT

The Practice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Contact. Questions regarding matters covered by this Notice shall be directed to the Privacy Contact. The Privacy Contact for this practice is:

Mr. Jeremy Koren
Paul B. Yellin, M.D., PLLC
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