



**For questions about this notice, please contact:
Slocum-Dickson Medical Group, PLLC, Privacy Officer
1729 Burrstone Road, New Hartford, New York 13413,
(315) 798-1487**

This Notice of Privacy Practices applies to any health care professional authorized to enter information into your medical record, all departments of the facility, all providers, employees, and other personnel, our Slocum-Dickson Medical Group satellite offices, and French Road Annex. In addition, these entities, sites, and locations will share protected health information with each other for treatment, payment, or healthcare operation purposes described in this notice.

Effective Date: April 1, 2018

Slocum-Dickson Medical Group is participating in an Organized Health Care Arrangement (OHCA) with St. Joseph's Hospital Health Center in Syracuse, New York and its Affiliates as part of our clinically integrated care delivery model. We will share protected health information with each other as necessary to carry out treatment, payment, and healthcare operations relating to the OHCA. We will do so through access to a shared electronic medical record.

We also participate in an electronic health information exchange that facilitates access to protected health information by other health care providers who care for you.

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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| Get an electronic or paper copy of your medical record | <ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you from our Release of Information Department.• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee as permitted by New York State law. Please contact our Release of Information Department to make a request. We may deny your request in certain, very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. |
| Ask us to amend your medical record | <ul style="list-style-type: none">• You can ask us to amend health information about you that you think is incorrect or incomplete. Please direct all requests for amendments to the Privacy Officer.• We may say “no” to your request, but we’ll tell you why in writing within 60 days. |
| Request confidential communications | <ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will say “yes” to all reasonable requests. |
| Ask us to limit what we use or share | <ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our 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 say “yes” unless a law requires us to share that information. |
| Get a list of those with whom we’ve shared information | <ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Get a copy of this privacy notice | <ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may also view this notice on our website at www.sdmg.com. |

Your Rights

Choose someone to act for you

- If you have made someone your healthcare agent under a healthcare proxy or granted someone a power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information provided legal requirements are met.
- Please provide us with the appropriate documentation and we will confirm the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting our Privacy Officer at 1729 Burrstone Road, New Hartford, New York 13413 or (315) 798-1487.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to Centralized Case Management Operations, 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share your information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- For fundraising efforts, when you receive a fundraising request, you have the choice to opt out from further communications.

Our Uses and Disclosures

How do we typically share your health information? We typically use or share your health information in the following ways:

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| Treat you | <ul style="list-style-type: none">We can use your health information and share it with other professionals who are treating you. | <i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i> |
| Run our organization | <ul style="list-style-type: none">We can use and share your health information to run our operations, improve your care, and contact you when necessary. | <i>Example: We use health information about you to manage your treatment and services.</i> |
| Bill for your services | <ul style="list-style-type: none">We can use and share your health information to bill and get payment from health plans or other entities, including Workers' Compensation. | <i>Example: We give information about you to your health insurance plan so it will pay for services provided to you.</i> |

We will provide special privacy and confidentiality considerations, as required by New York State and Federal law and regulations, for:

- HIV related-information
- Substance abuse
- Mental health information
- Genetic information
- Certain information related to minors

How else can we use or share your health information?

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. For more information please visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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| Help with public health and safety issues | <ul style="list-style-type: none">We can share health information about you for certain situations such as:<ul style="list-style-type: none">• 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 |
| Do research | <ul style="list-style-type: none">We can use or share your information for health research. |

Our Uses and Disclosures

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| Comply with the law | <ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. |
| Respond to organ and tissue donation requests | <ul style="list-style-type: none">• We can share health information about you with organ procurement organizations. |
| Work with a medical examiner or funeral director | <ul style="list-style-type: none">• We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers' compensation, law enforcement, and other government requests | <ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For workers' compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services |
| Respond to lawsuits and legal actions | <ul style="list-style-type: none">• We can share health information about you:<ul style="list-style-type: none">• In response to a court or administrative order, or in response to a subpoena, warrant, summons, or similar process.• To identify or locate a suspect, fugitive, material witness or missing person.• In relation to the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement.• In relation to a death we believe may be the result of criminal conduct.• In relation to criminal conduct at our facility.• In emergency situations to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime. |

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website at www.sdmg.com.