

Stephen Snyder, MD

Notice of Privacy Practices

This notice describes how Stephen Snyder, MD, may use and disclose your medical information. It also explains how you can get access to this information. Please review it carefully.

Privacy Practices in Summary

Patient Rights. *You have the right to:*

Get a copy of your paper or electronic medical record.	Ask us to correct your paper or electronic medical record.
File a complaint if you believe your privacy rights have been violated.	Ask us to limit the information we share about you.
Get a list of those with whom we've shared your information.	Get a copy of this Notice of Privacy Practices.
Request that we use only confidential communication methods with you.	Choose someone to act on your behalf.

Patient Choices. *You have choices about how we use your information:*

If we tell your family or friends about your conditions.	If we provide disaster relief services.

Our Uses and Disclosures of Your Information. *We may use your information when we conduct these activities:*

Help with public health and safety issues.	Bill for our services, and share your health information in various other ways with health plans or other third parties.
Comply with the law.	Conduct research.
Respond to lawsuits and legal actions.	Address law enforcement or other government requests.
Treat you.	Perform privacy reviews and audits.

Privacy Practices in Detail

Detailed Patient Rights. *You have certain rights. This section explains some of your rights and some of our related responsibilities.*

<p><i>You may:</i></p> <p>Obtain an electronic or paper copy of your medical record.</p>	<p>You may ask us to see or obtain an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. Under most circumstances, we will provide you with a copy or a summary of your health information within 30 days of your request. You may also request we send your medical record or other information to another person or entity. We may charge a reasonable, cost-based fee.</p> <p>Please note, you don't have the right to access information that does not directly relate to you. This may include, but is not limited to, business planning records, quality assessment records, or management records used for business decisions generally rather than to make decisions about you as an individual.</p>
<p><i>You may:</i></p> <p>Ask us to correct the information in your medical record.</p>	<p>You may ask us to correct health information in your record that you believe is incorrect or incomplete. Ask us how to do this. If we deny your request, we will provide you a written explanation for that denial within 60 days.</p>
<p><i>You may:</i></p> <p>Request confidential communications from us.</p>	<p>You may ask us to contact you in a specific way (e.g., cell phone only), or to send mail to a different address (e.g., a friend's home). We will comply with all reasonable requests.</p>
<p><i>You may:</i></p> <p>Ask us to limit what information we use or share.</p>	<p>You may ask us to refrain from using or sharing certain health information for your treatment, in our operations, or to obtain payment for our services. We are not required to comply with your request, and we may decline your request if we reasonably believe that it would affect your care. If we do accept your request, then we must comply with all agreed restrictions, except for purposes of treating you in a medical emergency.</p> <p>If you pay for our services or a healthcare item in full out-of-pocket, you may ask that we not share that information for the purpose of securing payment or sharing our healthcare operations with your health insurer. We will agree to this request unless a law requires otherwise.</p>

<p><i>You may:</i></p> <p>Request a copy of this Notice of Privacy Practices.</p>	<p>You may request 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.</p>
<p><i>You may:</i></p> <p>Request a list of those with whom we have shared information about you.</p>	<p>You may request a list (called an accounting) of the times that we have shared your health information for the six years prior to the date of your request. The accounting will include the recipient and the reason your information was shared. We will include all disclosures except for those relating to treatment, payment, healthcare operations, and certain other disclosures (e.g., those you asked us to make). We will provide you with one accounting per year at no cost, but we will charge a reasonable, cost-based fee if you request another within 12 months.</p>
<p><i>You may:</i></p> <p>Choose someone to act on your behalf.</p>	<p>If you have given someone your medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will verify that this person has this authority and can act for you before we take any action.</p>
<p><i>You may:</i></p> <p>File a complaint if you feel your privacy rights are violated.</p>	<p>You may complain to our Privacy Officer if you believe we violated your rights. You may also file a complaint by sending a letter to:</p> <p style="text-align: center;">U.S. Dept. of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201</p> <p>You may also call (877) 696-6675 or visit www.hhs.gov.</p> <p>We will not retaliate against you for filing a complaint.</p>

Detailed Patient Choices. *You have some choices about how we use and disclose your information. If you have a clear preference for how we share your information in the situations described below, please discuss that with us so we may respect your wishes.*

In these situations, you have a right and a choice to instruct us as to how you'd like us to:

- Share information with your family or others involved in your care.
- Share information as we respond to a disaster relief situation.

If you cannot tell us your preference (e.g., if you are incapacitated), we may share your information as we believe is in your best interest. We may share your information when it is necessary to lessen a serious and imminent threat to health or safety. You may also designate someone to tell us your preference on your behalf.

Other than as specified in this document, we will never share your information without your written permission, unless required by law.

Detailed Uses and Disclosures by our Practice. *The most common ways we use or share your health information include when we:*

<i>Treat you.</i>	We can use your health information and share it with other professionals who are treating you. This may include the sharing of information to covered entities that are not part of your direct treatment team.
<i>Operate our practice.</i>	We can use and share your health information to run our practice, improve your care, and contact you.
<i>Bill for our service, and share your health information in various other ways with health plans or other third parties.</i>	<p>We may be mandated to electronically prescribe for both controlled and non-controlled substances. Current electronic prescribing software systems now routinely share patient identifying information and prescription information with patients' insurers for the purpose of estimating coverage.</p> <p>When an insurer requires pre-authorization for a medication, we may initiate pre-authorization requests electronically through a third party that communicates electronically with the insurer. Information required by insurers for the purposes of evaluating pre-authorization requests may include demographic information, insurance information, diagnosis, clinical details such as history of medication response/nonresponse and side effects, and parts of your outpatient office records.</p> <p>If approached by a credit card company or other entity about a disputed charge, we may share the minimum information necessary to verify that services were provided.</p>

The less common ways we use or share your health information include when we:

Report suspected abuse, neglect, or domestic violence.	Report adverse medication reactions.
Assist with public health and safety issues.	Prevent or reduce a serious threat to anyone's health or safety.
Conduct research.	Share health information with a coroner, medical examiner, or funeral director.
Support government functions such as military, national security, and presidential protective services.	Assist with public health and research.
Respond to workers' compensation claims.	Support health oversight agencies' activities as authorized by law.
Comply with state or federal laws.	Respond to law enforcement requests.
Assist with product recalls.	Respond to lawsuits and legal actions.
Respond to court or administrative agency orders or subpoenas.	Demonstrate to HHS we are compliant with federal privacy laws.

We must comply with several conditions in the law before we can share your information for these purposes. For more information, see:
[hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers](https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers).

Detailed Practice Responsibilities.

The law requires us to maintain the privacy and security of your protected health information. This includes maintaining reasonable and appropriate administrative, technical, and physical safeguards to protect the unauthorized use or disclosure of your protected information. We will alert you promptly if a breach occurs that may have compromised the privacy or security of your information. Additionally, we will mitigate, to the extent practicable, any harmful effect we learn was caused by a breach of privacy. We must comply with the duties and privacy practices described in this notice, and we must offer you a copy of this document. We will not use or share your information, other than as described here, without your express written permission. If you authorize the use or disclosure of your information, you may revoke that authorization in writing at any time. *For more information, visit HHS' website at [hhs.gov/hipaa/for-individuals/notice-privacy-practices](https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices).*

State Law Requirements.

Stephen Snyder, MD provides professional licensed services in New York, Connecticut, New Jersey, California, Texas, and Florida. In addition to the federal laws indicated above, each state sets forth specific requirements concerning the privacy and security of your health information. Some states provide more stringent rules than the federal HIPAA laws concerning privacy and security. State laws prevail over federal privacy laws when they are more stringent than federal rules.

Some examples of state-specific laws include the following:

New York: The New York Public Health Law permits providers to deny access to a qualified person (e.g., a patient) to personal notes and observations. The law defines personal notes and observations as "a practitioner's speculations, impressions (other than tentative or actual diagnosis) and reminders, provided such data is maintained by a provider." [*New York Pub. Health L. § 18.*]

Complaints: If you believe your privacy has been violated, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services or NYC Health Department's Chief Privacy Officer at the below addresses.

- Email your complaint to PrivacyOfficer@health.nyc.gov.
- Mail your complaint to: o NYC Department of Health and Mental Hygiene's Chief Privacy Officer at Gotham Center 42-09 28th Street, 14th Floor, CN-30 Queens, NY 11101.

Texas: The Texas Medical Privacy Act prohibits any release of PHI for marketing purposes without consent or authorization from the individual. [*Tex. Health and Safety Code §181.152(a),(b),&(c).*]

Complaints: If you need to report a privacy violation, file a complaint with Texas Health and Human Services by calling 2-1-1 or 877-541-7905, toll-free. If you are hearing or speech impaired, you may call 7-1-1 or 800-735-2989 (TTY). Or you can complete the Form H0404 Privacy Complaint and send it to:

HHS Privacy Division
P.O. Box 149030
Mail Code 1355
Austin, TX 78714

California: The California Confidentiality of Medical Information Act allows patients to bring legal actions for violations concerning the disclosure of health records. [*Cal. Civ. Code §56.36.*]

Complaints: If you believe that you or your child's privacy rights have been violated and wish to complain, you may file a complaint by calling or writing:

- Privacy Officer
California Department of Health Care Services
P.O. Box 997413
MS 0010
Sacramento, CA 95899-7413
(916) 445-4646 (Voice)
(877) 735-2929 (TTY/TDD)

New Jersey: Unless otherwise required by law, a healthcare provider may elect to provide a summary of the record in lieu of providing a photocopy of the actual record, so long as that summary adequately reflects the patient's history and treatment. [*N.J. Admin. Code § 13:35-6.5(c)(2).*]

Complaints: You may use the contact information below if you want to file a complaint or to report a problem regarding the use or disclosure of your health information.

State of New Jersey Department of Human Services
Office of Legal and Regulatory Affairs
P.O. Box 700
Trenton, NJ 08625 888-347-5345.

Florida: The Florida Information Protection Act breach notification requirements dictate a shorter timeline for breach reporting for larger breaches (30 days). [*Fla. Stat. § 501.171.*]

Complaints: If you wish to file a general complaint against a health care provider or facility please contact the Florida Agency for Health Care Administration (AHCA) Consumer Hotline at 1-888-419-3456.

Connecticut: Under Connecticut law, if your health care provider refuses to furnish you a copy of your medical record, you have the right to petition the state superior court in the judicial district where you live for an order requiring the provider to give you access to your record. [*CT Gen Stat § 20-7c.*]

Complaints: The completed complaint form may be mailed to:

- Connecticut Department of Public Health
Practitioner Investigations Unit, MS#12HSR
P.O. Box 340308
Hartford, CT 06134-0308
- Emailed to: DPH.PLISComplaints@ct.gov
- Or faxed to: 860-707-1916
- You may also call the Practitioner Investigations Unit at 860-509-7552 to request a complaint form be mailed to you.

At all times during the regular course of business and in the delivery of professional services, Practice complies with state-specific patient privacy and security regulations set forth by state law in the above-mentioned states.

About This Notice.

- This notice is effective as of January 15, 2023.
- Our Chief Privacy Officer is Dr Stephen Snyder.
- You may contact our Chief Privacy Officer to file a complaint if you feel your rights have been violated or to ask further questions about your privacy rights.
- 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.