

William Erber, M.D., P.C.
Gastroenterology and Endoscopy
Diseases of the Digestive Tract and Liver
Board Certified

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William F. Erber, M.D., F.A.C.P., F.A.C.G.
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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 of this notice, please contact our Privacy Officer, Susan Sagiv.

This Notice of Privacy Practices 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 of your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any new revised Notice of Privacy Practices.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your Protected Health Information may be used and disclosed by your physician, our office staff, and others outside of our office and are involved in your care and treatment for the purpose of providing health care services to you. Your Protected Health Information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

TREATMENT: We will use and disclose your Protected Health Information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that has already obtained your permission to have access to your protected health information.

In addition, we may disclose your Protected Health Information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physicians.

PAYMENT: Your Protected Health Information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care we recommended for you.

HEALTH CARE OPERATIONS: We may use or disclose, as needed, your Protected Health Information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, and conducting or arranging for other business activities. We will share your Protected Health Information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office 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 protect the privacy of your protected health information.

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.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES: We may use and disclose your Protected Health Information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are not present or able to agree or object to the use or disclosure of the Protected Health

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Information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your health care will be disclosed.

A. OTHERS INVOLVED IN YOUR HEALTHCARE: Unless you object, 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 persons involvement in your healthcare. 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 on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, of your location, general condition, or death. We may use or disclose your Protected Health Information in an emergency treatment situation. We may use and disclose your Protected Health Information if your physician or another physician in the practice attempts to obtain consent from you, but is unable to do so due to substantial communication barriers.

B. We may also disclose your Protected Health Information in the following ways: As required by law; Public Health; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers Compensation; Inmates.

Requires Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Resources to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your Protected Health Information.
- You have the right to request a restriction of your Protected Health Information. This means you may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your request should be in writing.
- Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your Protected Health Information will not be restricted.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.
- You may have the right to have your physician amend and modify your Protected Health Information. This means you may request an amendment of Protected Health Information about you in a designated record set for as long as we maintain the information. In certain cases, we may deny your request for an amendment.
- You have the right to receive an accounting of certain disclosures except for treatment, payment, or healthcare operations.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, Susan Sagiv, at 718.972.8500, for further information about the complaint process.

This notice was published and becomes effective on January 6, 2003.