



Stony Brook Southampton Hospital

Notice of Privacy Practices

The purpose of this notice is to describe how your medical information is used, whom it is disclosed to and how you gain access to it.

The medical group as a healthcare provider is permitted by law to collect, use and disclose your “protected health information” or medical record for the purpose of treatment, payment and internal business operations or as required by law for reporting purposes.

You have certain rights including access to your information and some control over who has access to your information.

The Westhampton Primary Care Center agrees to abide by the terms of this notice but reserves the right to change the terms at any time. Should we do so, we will notify you in writing.

I. Use and Disclosure of Protected Health Information: When you sign a consent form to be treated, your protected health information is used to treat you, to bill you or your insurance company for your care and to make decisions on how to provide healthcare services for you, your family and the community we take care of. Your physician, office staff and others outside of the medical group i.e. your insurer are allowed access to this information. Some examples of uses and disclosures of your protected health information are for.

- Treatment by your doctor
- Appointment reminders
- Payment for your treatment by you and your insurance
- Law enforcement
- The medical group to determine if we meet the needs of our patients
- Coroners, funeral directors
- Reporting adverse events of medications or medical devices to the FDA
- Workers Compensation
- Reporting public health risks
- Organ or tissue donation

II. Your Rights Regarding Your Protected Health Information:

A. You have the right to **inspect and to obtain a copy** of your protected health information for as long as the group maintains your record

B. You have the right to **restrict or to limit the use of** your protected health information that we use for treatment, payment or operations. You can restrict the release of your health information to family or friends unless they have your written or verbal permission.

C. You have the right to **request an accounting of disclosures made of your health information.**

D. You have the right **to amend your protected health information.**

E. You have the right **to request confidential communications** as long as it is done in writing.

If you feel your privacy rights have been violated, you may file a complaint, which will be forwarded to our Compliance Officer.

¹ We are permitted by NYS law to charge you a fee of 75 cents per page

² The Westhampton Primary Care Center reserves the right to deny you treatment should you restrict the use of your protected health information for treatment payment or operations.

³ Your request must be submitted in writing, specifying dates and time periods as far back as six years from today, as long as the events in question happened after April 12, 2003

⁴ To amend your health information, your request must be given in writing along with a reason for doing so. Your request can be denied if the information originated outside the Westhampton Primary Care Center, if it is outside the information you are entitled to inspect or copy or if the information in the record is correct.

⁵ For example, you can specify that we only contact you at work, at home or by mail, etc.