

**NOTICE OF PRIVACY PRACTICES**  
**Effective January 28, 2021**

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.

The New York State Department of Health Vaccine Site ("NYSDOH VS") is required by law to protect the privacy of health information that may reveal your identity and to provide you with our notice of our legal duties and privacy practices with respect to your health information. NYSDOH VS is also required to give you a notice to tell you how it may use and disclose (give out) your personal health related information.

**How We May Use or Disclose Your Protected Health Information**

**Treatment, Payment, and Health Care Operations** We may use and disclose Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations without your written permission, in most cases. Examples of the uses and disclosures that NYSDOH VS, as a health care provider, may make for these purposes include the following:

***Treatment*** refers to the provision, coordination, or management of health care and related services by one or more health care providers. For example, as a health care provider, we may disclose your PHI, as necessary, to other health care providers involved in your treatment. We may use and disclose your PHI to provide the treatment you require, such as communicating your PHI to a hospital or dispatch center and providing a hospital with information that we create in the course of treating and transporting you.

***Payment*** refers to activities we undertake to obtain reimbursement for your health care services. For example, we may use and disclose your PHI to bill a third-party payer for the cost of treatment, equipment, and supplies provided to you.

***Health Care Operations*** refers to the basic business functions necessary to operate as a health care provider. For example, we may use or disclose, as needed, your PHI in order to support business activities, including quality assessment and improvement activities, employee review and evaluation activities, training, licensing, legal services, auditing, business planning, business management activities, and conducting or arranging for other business activities.

**Other Uses and Disclosures Allowed Without Authorization** Federal law also allows us to use and disclose PHI, without your written authorization, in certain situations, unless the use or disclosure is prohibited by a more stringent state law. The examples of permitted uses and disclosures of your PHI include, but are not limited to, those listed below.

**Public Health Activities:** We may disclose your PHI for public health activities in certain situations and as required by law. For example, we may use or disclose your PHI to: a public health authorities for public health activities such as preventing or controlling disease, injury or disability; a government authority authorized to receive child abuse or neglect reports; the Food and Drug Administration (FDA), for activities related to the quality, safety, or effectiveness of FDA regulated products or activities, including drugs, food, medical devices, and dietary supplements; a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition; to a person or entity in order to prevent or lessen a serious threat to health or safety of a person or the public; an employer, under certain circumstances, such as those related to work-related illness or injury; and a school, in certain circumstances, if you are a student or prospective student of the school and the PHI is limited to proof of immunization. The New York State Department of Health is a public health authority that is authorized by law to collect, receive and disclose PHI for certain public health purposes, such as preventing or controlling disease, injury, or disability.

**Health Oversight Activities:** We may disclose your health information to agencies authorized to perform health oversight activities. These activities may include audits, investigations, inspections and licensure. These activities are necessary to monitor the operation of the health care system, government benefit programs such as Medicaid and Medicare, and compliance with Civil rights laws.

**Lawsuits, Disputes, and Other Legal Matters:** We may disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or administrative proceeding, or as required by law. In some cases, we may also disclose your PHI in response to a discovery request, subpoena, or other lawful process.

**Law Enforcement:** We may disclose your health information to law enforcement officials to comply with a legal order or law we are required to follow. In certain circumstances we are required to disclose your health information to law enforcement agencies.

**Inmates and Correctional Institutions:** We may disclose your health information to correctional officers and law enforcement officials if necessary, to provide you with health care, to protect your health and safety or the health and safety of others, and to protect the safety and security of the correctional institution.

**Required by Law:** We will share information about you if required by state or federal laws.

**Research:** We can use or share your information for health research in limited circumstances where the information will be protected by the researchers.

**Military and Veterans:** We may use and disclose your PHI if you are a member of the Armed Forces or a foreign military, if certain criteria are met.

**Workers' Compensation:** We may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

We will not use or share your information for any purposes not described in this Notice without your written authorization. You may revoke (take back) your written authorization at any time, except if action has already been taken based on your authorization.

**Your Rights Regarding Your Protected Health Information** We are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you in the event that we discover a breach of unsecured PHI. As a patient, you have rights with respect to your PHI, including:

**Right to Request Restrictions on Uses and Disclosures:** You have the right to request that NYSDOH VS limit certain uses and disclosures of your PHI. Any such request must be made in writing to the contact listed in this Notice and must state the specific restriction requested and to whom that restriction would apply. NYSDOH VS is not required to agree to certain restrictions that you request.

**Your Right to Request Confidential Communication** You have the right to request that NYSDOH VS communicate with you about your health care or medical matters through a reasonable alternative way or at an alternative location.

**Right to Access Your PHI:** You have the right to see and obtain a copy of your personal health related information held by NYSDOH VS.

**Right to Amend PHI:** You have the right to have your personal health related information amended if you believe that it is wrong or if information is missing and NYSDOH VS agrees. If NYSDOH VS disagrees, you may have a statement of your disagreement added to your personal health related information.

**Right to Receive an Accounting of Disclosures:** You have the right to obtain a listing of those persons or organizations who receive your personal health related information from NYSDOH VS. The listing will not cover health related information that was disclosed to you, information disclosed for treatment, payment, or health care operations or information used to conduct NYSDOH VS routine operations.

**To file a complaint** (if you believe your privacy rights have been violated), you can contact the NYSDOH VS by emailing DLAhouse@health.ny.gov, or by writing to the following address: NYSDOH Privacy Officer, Corning Tower, 24th Floor, Empire State Plaza, Albany, NY 12237. You may also file a complaint with the Office for Civil Rights, US Department of Health and Human Services. You will not be penalized for filing a complaint or assisting an investigation.

NYSDOH VS is required to follow the terms in this notice. NYSDOH VS has the right to change the way your personal health related information is used and disclosed. Any new Notice will be available at our vaccine sites and by writing to: NYSDOH Privacy Officer, Corning Tower, 24th Floor, Empire State Plaza, Albany, NY 12237. You have the right to a paper copy of our current Notice of Privacy Practices at any time.

**Policy of Understand**  
**Joseph Schwartz MD Dermatology**  
**Updated 3/20/23**

**Appointments:**

- A 24-hour notice for all cancelations and reschedules is required; this allows our office time to fill open appointment and schedule patients who may need urgent care.
- Failure to give 24hour notice will result in a \$25.00 "no show" fee for each no showed appointment and/or discharged from the practice. (We have a cancelation line available where a message may be left when office is closed 518-274-4305)
- Appointment reminders via text/phone are a Courtesy; it is the patient's responsibility to remember the time/date of their appointment.

**Insurance:**

- Please bring current medical/prescription card(s) to EVERY office visit.
- It is the patient's responsibility to make us aware of any Name, Address, Phone Number, Pharmacy and Insurance changes.

**Prescriptions:**

- In order to help us keep our nursing staff and phone lines free for urgent matters please, request your med refills at the time of your appointment.
- Refills will be **NOT** sent to a pharmacy if the patient has not been seen within a year.

**Thank you for your understanding and cooperation.**

***I have been given the opportunity to review both the notice of Privacy Practices and Policy of Understanding.***

**Patients Name** \_\_\_\_\_

**Patients DOB** \_\_\_\_\_

**Patient/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_