**NOTICE OF PRIVACY POLICIES**

Eating Disorder Associates

Meg Maginn L.C.S.W

800 Veteran’s Memorial Highway

Suite 115

Hauppauge, New York 11788

631-724-7152

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS WELL AS HOW YOU CAN GAIN ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.**

**Introduction**

At Eating Disorder Associates (EDA), we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we disclose that information. It also describes your rights as they relate to your protected health information.

**Understanding Your Health Record/ Information**

Each time you visit EDA, a record of your visit is made. Typically, this record contains your symptoms, test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

\*Basis for planning your care and treatment

\*Means of communication among the many health professionals who contribute to your care

\*Legal documents describing the care you received

\*Means by which you or a third party provider can verify that services billed were actually provided

\*A tool with which we can access and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when and where others may access your health information, and make more informed decisions about authorizing disclosure to others.

**Your Health Information Rights**

Although your health record is the physical property of EDA, the information belongs to you, therefore you have the right to:

\*Obtain a paper copy of this notice of information practices upon request

\*Inspect and copy your health record as provided in 45CFR 164.524

\*Amend your health record as provided in CFR 164.528

\*Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528

\*Request communications of your health information by alternative means or at alternative locations

\*request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522

\*revoke your authorization to use or disclose health information except to the extent that action has already been taken

**Our Responsibilities**

Eating Disorder Associates is required to:

\*Maintain the privacy of your health information

\*Provide you this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

\*Abide by the terms of this notice

\*Notify you if we are unable to agree to a requested restriction

\*Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

**For More Information or to Report a Problem**

If you believe your privacy rights have been violated, you can file a complaint with our office or with The Office of Health and Human Services. There will be no retaliation for filing this complaint. The address for the OCR is:

Office for Civil Rights

U.S. Dept. of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

**Examples of Disclosures for Treatment, Payment and Health Operations**

We will use your health information for treatment.

**For Example:** Information obtained by a therapist, nutritionist or other member of your health care team will be recorded in your record and be used to determine the course of treatment that is best for you. Your treating specialist will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the treating specialist will know how you are responding to treatment.

We will also provide your treating specialist or a subsequent health care provider with copies of various reports that should assist him or her in treating you if you are referred to another specialist or other health care provider, or in a situation where you are released from treatment.

**For Example:** members of the treatment team may use information in your health record to access care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may also use your mailing and contact information to send you notices from time to time that we feel are important to your health care needs.

**Calls and Messages:**

It is our policy to call our patients to confirm appointments. Messages may be left on answering machines to this effect. In case of a missed appointment, it is our policy to call, make sure everything is all right, and reschedule at a later date.

**Business Associates:**

There are some services provided in our organization through contacts with business associates. Examples include our staff obtaining certain laboratory test results. To protect your health information, however we require the business associate to appropriately safeguard your information.

**Notification in case of emergency:**

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

**Communications with family in emergencies:**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

**Food and Drug Administration (FDA)**

We may disclose to the FDA health information relative to adverse events with respect to food, product or product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers Compensation:**

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation and other similar programs established by law.

**Public Health:**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law enforcement:**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member of business associate believes in good faith that we engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.