



Summary of Your Privacy Rights

THIS SUMMARY DESCRIBES YOUR RIGHTS AND OUR RESPONSIBILITIES WITH RESPECT TO THE PRIVACY OF YOUR MEDICAL INFORMATION. FOR DETAILED INFORMATION, PLEASE ASK US FOR A COPY OF MONTEFIORE'S NOTICE OF PRIVACY PRACTICES.

Your privacy is very important to us, and we are committed to protecting health information that identifies you ("Health Information"). We are required by law to maintain the privacy of Health Information that identifies you. Special privacy protections apply to HIV, alcohol and substance abuse, mental health and genetic information.

How we may use and disclose health information about you

For Treatment

We may use Health Information about you to provide you with medical treatment or services. We may disclose Health Information to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. We also may disclose Health Information to people outside of Montefiore who may be involved in your medical care.

For Payment

We may use and disclose Health Information so that we may bill for treatment and services you receive at Montefiore and can collect payment from you, an insurance company or another third party. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. We also may disclose information to doctors, nurses, technicians, medical students, and other personnel for educational and learning purposes.

Other Uses and Disclosures

We will disclose medical information about you when required to do so by international, federal, state or local law. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the Health Information is necessary for such functions or services. We may disclose Health Information for public health activities. We may disclose Health Information to a health oversight agency for audits, investigations, inspections, and licensure. Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission.

Your Rights Regarding Health Information About You

You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. You may ask us to correct your records f you believe they are incorrect or incomplete. You have the right to request a list of other persons or organizations to whom we have disclosed your Health Information. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You may also have the right to request a limit on the Health Information we disclose about you to your health plan or to someone who is involved in your care or the payment for your care. You have the right to request that we communicate with you about medical matters in a more confidential way or at a certain location. If there is improper access, use or disclosure of your Health Information, we will notify you.

You have the right to a paper copy of our detailed Notice of Privacy Practices. Please ask your provider or go to our web site, http://www.montefiore.org. If you believe your privacy rights have been violated, you may file a complaint with Montefiore or with the Secretary of the Department of Health and Human Services. To file a complaint with Montefiore, contact our Privacy Officer at 718-920-8239 or privacyofficer@montefiore.org.