



**NOTICE OF PRIVACY PRACTICES  
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT  
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

The Practice is privileged to have your confidence and is committed to safeguarding your personal health information. We use and disclosure your personal health information only as permitted or required by applicable federal and New York state laws including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This notice will explain our privacy practices and how we may use and disclose your information. This Notice applies to all the clinical records generated by this Practice during the course of providing care and services to you.

**How we may use and disclose health information about you.** The following describes the ways that we may use and disclose your health information. Please note that not every possible use or disclosure is described below.

**Treatment:** Your confidential healthcare information may be released to other health care professionals for the purpose of providing you with other healthcare services. We may share and disclose information about you to your doctors, nurses, therapists and other individuals involved with your health care to help coordinate your care and make sure that they have information they need to give you quality services that will benefit you.

**Payment:** Your confidential healthcare information may be released so that we may bill for and collect payment from you, and if applicable, your health insurance plan or other third party for the services we provide to you.

Healthcare Operations: Your confidential healthcare information may be used and disclosed internally to be sure that our services are effective, and you receive high quality care. We may also disclose health information about you to your health plan, as applicable, so that they can evaluate our services, manage and coordinate care, assure quality and design ways to reduce costs.

Business Associates: The Practice may contract with other entities or individuals (“Business Associates”) to perform certain business functions that will require them to have access to your personal health information. We may share and disclose your personal health information to them if they need it to do the job we hired them to do.

**Other uses and disclosures that do not require your authorization.**

Disclosures to Family and Personal Representatives. Under certain circumstances, including emergencies, we may disclose your location and general condition to a family member, other relative, close personal friend or other person who you identify.

Marketing. We will not use your health information for marketing communications without your written authorization. We will not sell your health information to anyone.

When Required by law. We may use or disclose your health information when we are required to do so by applicable federal or New York state law.

To Avert a Serious Threat to Health or Safety. Only as permitted by law, we may disclose your health information to avoid a serious threat to your health or safety or to the health or safety of others.

Health Oversight Activities. We may disclose health information to a federal or state health oversight agency for audits, investigations, inspections, or licensing purposes.

Public Health Activities. We may disclose health information about you for public health reasons to prevent or control disease, injury or disability, or report suspected abuse or neglect, or for public health surveillance, investigation or interventions.

Lawsuits/Law Enforcement. We may disclose health information in response to properly issued subpoenas, judicial proceedings and law enforcement inquiries as permitted by law.

Appointment Reminders. We may use or disclose your health information to provide you with appointment reminders by voicemail messages, text messages, email, postcards or letters).

### **Patient Rights.**

Authority to Disclose your Health Information. You may authorize us to disclose your health information to anyone. Except as described above or as otherwise required by law, we will only disclose your information upon our receipt of a written authorization signed by you or your legal representative stating that we may disclose your health information as you instruct in that authorization. You may cancel any such authorization at any time by notifying us in writing. This cancellation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except as described by this Notice or as otherwise permitted by law. Certain federal and New York state laws may require more restrictions on the use or disclosure of certain health information such as psychotherapy notes, HIV/AIDS information and alcohol/substance use disorder program information. We will not release this information without a separate, specific authorization signed by you or pursuant to a court order.

Right to Access your Information. Upon submission of a written request to us, you have the right to review or receive copies of your health information, with limited exceptions. You may obtain a form to request access by using the contact information listed at the end of this Notice. If you request copies, we may charge you a reasonable fee to produce the record. If you request that the records be mailed, we may charge you for postage. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

You may also request that we provide copies of your health information in an electronic format. We will provide you with your records in that format, provided it is readily available. If you request records in an alternative format, we may charge a reasonable fee for providing your health information in that format.

Accounting of Disclosures. Upon written request, you have the right to receive a list of instances in which we or our Business Associates disclosed your health information for purposes other than treatment, payment, healthcare operations and other activities authorized by you for the last six (6) years. If you request this accounting more than once in a twelve (12)-month period, we may charge you a reasonable fee for responding to these additional requests.

Right to Restrict Use or Disclosure. You have the right to request that we restrict certain uses or disclosures of your health information. Depending on the circumstances of your request we may, or may not, agree to those restrictions. If we do agree to your requested restrictions, we must honor them except in emergency situations. You have the right to request that we communicate with you about your health information by other means or to another location (e.g., at your place of business rather than at your home). Such requests must be made in writing, must specify the other means or location, and must provide satisfactory explanation how payments will be handled under the other means or location you request.

Amendments to your Health information. We make every effort to maintain complete, accurate and up-to-date information about you and about your health status. If you believe that our information is incomplete or incorrect, you have the right to request that we make changes to your health information. Such requests must be made in writing and must explain why the information should be changed. We may deny your request. If you wish to make a request for an amendment, you must contact our Practice Administrator at 845-331-8222.

### **Effective Date and Changes to this Notice**

We are required to provide you with this Notice and to follow the privacy practices described above while this Notice is in effect. This Notice is effective as of July 1, 2025, and will remain in effect until we replace it. We reserve the right to change this Notice and the privacy practices described at any time in accordance with applicable law. Before making significant changes to our privacy practices, we will alter this Notice to reflect the changes, post it to our website and make the revised Notice

available to you upon your request. Any changes we make to our privacy practices and/or to this Notice may apply to health information created or received by us before the date of the changes.

### **Questions and Complaints.**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights or if you disagree with a decision that we made or any decisions that we may make regarding the use, disclosure or access to your health information, you may complain to us using the contact information listed below. You also have the right to submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to:

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26 Pearl Street

Kingston, New York 12401

Tel: (845) 331-8222

Fax: (845-331-7818