



Patient Privacy Notice for Patients Accessing Primary Care Services

Effective Date: 10/1/2024, Revised 2/16/2026

1. Purpose

This Notice of Privacy Practices (Notice) describes how Kelly M. Farrow, Family Health Nurse Practitioner P.C. (the Practice) may use and disclose your Protected Health Information (PHI) and your rights regarding that information. We are committed to protecting your privacy and ensuring the confidentiality of your PHI.

2. Our Responsibilities

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Abide by the terms of this Notice.

3. How We May Use and Disclose Your PHI

We use and disclose PHI for various purposes, including:

3.1 Treatment

We may use your PHI to provide, coordinate, or manage your healthcare. This includes sharing your PHI with other healthcare providers involved in your care.

3.2 Payment

We may use and disclose your PHI to obtain payment for services we provide. This may include sending information to insurance companies or other third-party payers.

3.3 Healthcare Operations

We may use and disclose your PHI for operational purposes, such as quality assessment, administrative activities, and compliance with legal requirements.

3.4 Appointment Reminders

We may use your PHI to contact you for appointment reminders or other health-related information.

3.5 Public Health and Safety

We may disclose your PHI to public health authorities for activities such as disease prevention and control, health oversight activities, or in response to a court order.

3.6 Legal Requirements

We may disclose your PHI if required by law or to comply with legal proceedings, such as a court order or subpoena.

3.7 Business Associates

We may disclose your PHI to our business associates who perform services on our behalf, such as electronic health records management through MEDENT, provided they also adhere to privacy and security requirements.

4. Your Rights

You have the following rights regarding your PHI:

4.1 Right to Access

You have the right to inspect and obtain copies of your PHI that we maintain, subject to certain limitations.

4.2 Right to Amend

You have the right to request an amendment to your PHI if you believe it is inaccurate or incomplete.

4.3 Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI. We are not always able to agree to all requests but will consider them carefully and honor any agreements that we make with you.

4.4 Right to Confidential Communications

You have the right to request that we communicate with you in a certain way or at a certain location to protect your privacy. This includes use of our patient portal or receiving text messages from our practice. Receiving information through text or portal is optional and can be discontinued at anytime.

4.5 Right to an Accounting of Disclosures

You have the right to request a list of disclosures of your PHI made by the Practice, excluding disclosures made for treatment, payment, and healthcare operations.

4.6 Right to a Paper Copy of This Notice

You have the right to request a paper copy of this Notice at any time

5. Use of Electronic Health Records and Patient Portal

5.1 Electronic Health Records (EHR)

We use MEDENT electronic health records to manage and store your health information securely. Access to your EHR is restricted to authorized personnel only.

5.2 Patient Portal

Our Practice uses a HIPAA-compliant patient portal provided by MEDENT for secure communication. You may use the portal to access your health information, communicate with us, and manage your healthcare. External email should not be used for communication between our practice and patients to ensure the protection of PHI.

Some federal and state laws and regulations may require special privacy protections that restrict the use and/or disclosure of certain types of health information, and the Practice will follow the more stringent law as applicable. Additionally, there is the potential for information properly disclosed by the Practice to be subject to redisclosure by the recipient of the information and no longer protected by the HIPAA Rules.

6. Substance Use Disorder Records

6.1 Receiving Records

If the Practice receives substance use disorder ("SUD") patient records, federal law and the regulations at 42 C.F.R. Part 2 gives those records special privacy protections. The Practice may not share such records in some situations where the HIPAA Rules would otherwise allow sharing. Although the Practice is not an SUD treatment program under federal law, some of the information the Practice maintains may include records that are protected by federal law as well as regulations at 42 C.F.R. Part 2. An individual who is the subject of records protected under 42 C.F.R. Part 2 has a right to adequate notice of the use and disclosure of such records, and of the individual's rights and the Practice's legal duties with respect to such records.

6.2 Use of Records & Disclosures

The Practice may use and disclose SUD treatment records received for treatment, payment, and health care operations only as permitted by 42 C.F.R. Part 2 and the HIPAA Rules. If, for example, the Practice receives SUD treatment records under a limited authorization, the Practice will use or disclose those SUD treatment records only as permitted by that authorization or as otherwise allowed by 42 C.F.R. Part 2 and the HIPAA Rules.

6.3 Confidentiality Requirements

When the Practice receives and/or maintains such SUD treatment records, subject to 42 C.F.R. Part 2, the Practice follows additional confidentiality requirements including the following:

SUD treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against an individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 C.F.R. Part 2. A court order authorizing use or disclosure must be accompanied

by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

6.4 Fundraising Activities & Additional Disclosures

While the Practice does not intend to use and/or disclose your PHI for fundraising activities, if the Practice in the future did decide to start using or disclosing SUD treatment records it maintained for its own fundraising purposes, the individual who is the subject of the records would first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Additionally, any disclosure that the Practice makes of SUD treatment records will include any applicable notice restricting redisclosure which is required by 42 C.F.R. Part 2.

7. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services (HHS).

To file a complaint with us, contact:

Kelly M. Farrow, Owner/ Practice Administrator

Mailing Address & Practice Location: 490 Titus Avenue; Rochester, NY 14617

Phone (Call/Text): 585-386-3860 Fax: 585-386-8100 (HIPAA Secure)

United States Department of Health and Human Services, Office for Civil Rights, Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 (Phone Number: 1-877-696-6775). Additional information about filing a complaint with the Office for Civil Rights can be found at this website: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

8. Changes to This Notice

We reserve the right to change this Notice and make the new Notice effective for all PHI we maintain. The updated Notice will be posted in our waiting area and/or exam rooms and on our website.

9. Acknowledgment

By signing below, you acknowledge that you have received a copy of this Notice.

Patient Signature: _____ Date: _____