

*Healthy Employee. Healthy Bottom Line.*

## **HIPAA Notice of Privacy Practices**

### **HealthWorks-WNY, LLP**

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.

#### **General Information:**

Information regarding your health care, including payment for health care, is protected by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

#### **Your Rights**

Under HIPAA you have certain rights regarding your health information. You have the right to:

- Receive a copy of this privacy notice
- Inspect and copy your own health information which we maintain
- Request restrictions on certain uses and disclosures of your health information
- Get a list of those with whom we’ve shared your information
- Request that we not share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- Request that we communicate with you in a specific way (for example, home or office phone)
- Request that we amend health care information maintained in our records
- File a complaint if you believe your privacy rights have been violated

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Through written agreements to outside contractors (“business associates”)
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it if requested
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## Complaints and Reporting Violations:

You may complain in writing to HealthWorks-WNY, LLP and the U.S. Department of Health and Human Services Office for Civil Rights if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

HealthWorks-WNY, LLP  
Attn: Phillip Woepfel  
2075 Sheridan Drive  
Kenmore, NY 14223

Dept. of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue S. W.  
Room 509, F, Hubert Humphrey Blvd.  
Washington, D.C. 20201

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## Contact:

For further information, contact Phillip Woepfel, Director, Human Resources at HealthWorks-WNY, LLP (Privacy Officer) 716.712.0670 x 3262 – [pwoepfel@healthworkswny.com](mailto:pwoepfel@healthworkswny.com) effective date: March 10, 2016

## Acknowledgment:

I hereby acknowledge receiving a copy of this notice.

X \_\_\_\_\_ X \_\_\_\_\_  
Patient/Guardian Signature Date  
X \_\_\_\_\_  
Print Name