

# THE HIPAA PRIVACY RULE

A federal regulation, known as the “HIPAA Privacy Rule,” requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

We value you as a patient and take your protected health information seriously. This information serves as a basis for planning your care and treatment, a means of communications among the healthcare professionals who contribute to your care and a source for billing and payment by third party payors.

## OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient. This information is called “protected health information” or “PHI”. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of your PHI;
- Give you this Notice of our legal duties and privacy practices with respect to PHI
- Notify you of substantial changes to this notice
- Remind you of the availability of this notice
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

## INFORMATION WE MAY COLLECT

We collect and use information we believe is necessary for treatment, payment, or health care operations to administer our business.

**Treatment:** We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others.

**Payment:** We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. We may use and disclose PHI for billing, claims management, and collection activities.

**Health Care Operations:** We may use and disclose PHI in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency and cost of care that we provide to our patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups or people.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
- Participating in training programs for students, trainees, health care providers, or non-health care professionals.
- Cooperating with outside organizations that assess the quality of the care that we provide and that evaluate, certify, or license health care providers or staff in a particular field or specialty.
- Managing the business and general administrative activities of our practice, including our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating “de-identified” information that is not identifiable to any individual.
- PHI may be disclosed to business associates or third parties that the Practice has contracted with to perform agreed upon services. To protect your health information, however, we require the business associate to appropriately safeguard your information, which they are also required to do by law.

## COMMUNICATION FROM OUR OFFICE

You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. We may contact you by electronic communications including voice messages, text messaging and electronic mail (email) for the purpose of diagnosing or providing treatment, to obtain payment for health care bills or to conduct health care operations. More specifically, with your permission, we may use text or email regarding your upcoming appointments, to inform you that your screening results are available, and to provide you with information about treatment alternatives or other health related benefits and services. Genetic Counseling appointments may use video conferencing technology.

## INFORMATION DISCLOSURE

### Uses and Disclosures for Which You Have the Opportunity to Agree or Object:

We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to a family member, close friend, or any other person identified by you if that information is directly relevant to the person’s involvement in your care or payment for your care. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf.

**Required By Law:** We may use and disclose PHI as required by federal, state, or local law.

**Public Health Activities:** We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health.

- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

**Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order.

**Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person’s agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;

Required by law;

- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

**Research:** We may utilize de-identified images and information for research purposes. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public.

**Specialized Government Functions:** Under certain circumstances we may disclose PHI.

**Disclosures Required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

**Uses and Disclosures for Which Patient Authorization is Required:**

- Uses and disclosures of PHI for marketing purposes
- Disclosures that constitute a sale of PHI
- Substance Use Disorder Records
- Other uses and disclosures not described in this Notice of Privacy Practices

## **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

**Right to Request Restrictions:** You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* To request restrictions, you must make your request in writing to our Privacy Official.

**Right to Restrict Certain Disclosure of PHI to a Health Plan:** You have the right to restrict certain disclosures of PHI to a health plan where you pay out-of-pocket in full for the healthcare service.

**Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of your PHI in certain records that we maintain. This includes your medical and billing records. We may deny your request to inspect and copy your PHI only in limited circumstances. To inspect and copy your PHI, please contact our Privacy Official.

**Right to Amend:** You have the right to request that we amend your PHI as long as such information is kept by or for our office. You must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request.

**Right to Receive an Accounting of Disclosures:** You have the right to request an "accounting" of certain disclosures that we have made of your PHI.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice at any time.

**Right to Receive Confidential Communications of PHI:** You have a right to request communications with our office remain confidential.

**Right to Be Notified Following a Breach:** You have the right to be notified following a breach of unsecured PHI.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not take action against you for filing a complaint.

## **QUESTIONS**

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

## **PRIVACY OFFICIAL CONTACT INFORMATION**

You may contact our Privacy Official at the following address and phone number:

Shannon DeMay  
Elizabeth Wende Breast Care, LLC  
170 Sawgrass Drive  
Rochester, NY 14620  
(585) 758-7027  
sdemay@ewbc.com

We reserve the right to change our privacy practices and apply the revised privacy practices to all PHI.

This notice was published and first became effective on 4/2/03

revised  
02/29/08  
05/01/10  
11/01/12  
08/01/13  
08/31/16  
11/01/20  
07/19/22  
07/01/2026

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# **OUR PRIVACY COMMITMENT**

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**ELIZABETH WENDE BREAST CARE, LLC  
HIPAA PRIVACY RULE**

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.