

**Beacon Interdependent Practice Organization, LLC
Beacon IPA, LLC and
Beacon Health Partners, LLP**

Organized Health Care Arrangement

**JOINT NOTICE
OF
PRIVACY PRACTICES**

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.

This Joint Notice of Privacy Practices is provided to you on behalf of Beacon Interdependent Practice Organization, LLC, Beacon IPA, LLC, and Beacon Health Partners, LLP (collectively referred to herein as “Beacon”). Beacon refers to its programs, employees, workforce members, and participating physicians and/or providers. Physicians and/or providers participating in Beacon’s Organized Health Care Arrangement are listed in the Addendum to this Joint Notice.

All Beacon physicians and/or providers have entered into an Organized Health Care Arrangement (“OHCA”) in order to function as a clinically and operationally integrated entity. Beacon physicians and providers will participate in joint utilization review and quality assessment and improvement activities. Collectively, Beacon, including its programs, employees, members, physicians, and providers, and the OHCA, are referred to as “We” or “Our.”

This Joint Notice of Privacy Practices is provided to you pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”) and related State and Federal laws regulating protected health information (“PHI”). PHI is information about you that may identify you and relates to your past, present, or future physical or mental health or condition, and the provision of physician or mental health care we provide to you or payment for that care.

HIPAA is a Federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. Pursuant to HIPAA, you, the patient, have significant rights to understand and control how your PHI is used. HIPAA provides penalties for covered entities that misuse personal health information.

This Joint Notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of your PHI. This Joint Notice also discusses the uses and disclosures we will make of your PHI. We reserve the right to change the terms of this Joint Notice. You may request a written copy of our most current privacy notice from our on-

site [Compliance Officer / Human Resources Generalist] or you can access it on our website at [http://www.beaconaco.com/.](http://www.beaconaco.com/)

Permitted Uses and Disclosures

We can use or disclose your PHI for purposes of treatment, payment, and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure is listed.

- **Treatment** means the provision, coordination, or management of your health care, including consultations between health care providers relating to your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to contact a physical therapist to create the exercise regimen appropriate for your treatment.
- **Payment** means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determination of eligibility and coverage, and other utilization review activities. For example, prior to providing health care services, we may need to provide information to your health insurance company about your medical condition to determine whether the proposed course of treatment will be covered.

When we bill the insurance company for our services to you, we can provide the insurance company with information about your care in order to obtain payment. In some cases, federal or state law may require us to obtain a written authorization from you prior to disclosing certain PHI for payment purposes. We will ask you to sign a release when needed.

- **Health Care Operations** means the support functions of Beacon related to your treatment or payment for services. For example, we may use your PHI to evaluate the performance of our physicians and/or providers when caring for you. We may also combine health information about many patients to decide what additional services we should offer and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and others for review. In addition, we may remove information that identifies you from your patient information so that others can use the de-identified information to study health care and health care delivery without learning who you are.

Other Uses and Disclosures of PHI

In addition to using and disclosing your information for treatment, payment, and healthcare operations, we may use your PHI in the following ways:

- **Appointment Reminders and Related Services:** We may contact you to provide appointment reminders for treatment; pre-register you for scheduled services; do a telephone interview prior to a test or procedure; follow-up with you on your condition; or

tell you about possible treatment alternatives and services that may be of interest to you. If you do not wish to be contacted for appointment reminders, you may provide us with alternative instructions in writing.

- **Disclosures to Family or Individuals Who Are Involved in Your Care:** We may disclose your PHI to your family, friends, or individuals involved in your care or the payment for your care. We may disclose your PHI to notify, or assist in the notification of a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death. If you are present or otherwise available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are present or available, we will determine whether a disclosure is in your best interest, using our professional judgment.

We will allow your family and friends to act on your behalf to pick-up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment that it is in your best interest to make such disclosures.

- **Research:** We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. Such disclosures must also be cleared through a special approval process before any PHI is disclosed to the researchers who will be required to safeguard the PHI they receive.
- **As Required by Law:** We will disclose your PHI when required to do so by federal, state, or local law.
- **To Avert Threat to Health or Safety:** In order to avoid a serious threat to your health or safety and/or that of the public or another person, we may use or disclose your PHI to someone who can reasonably prevent or lessen the threat of harm. For example, if a patient is threatening to harm him/herself or another individual, we may notify law enforcement, or the Department of Mental Health or other professionals who might evaluate the patient for potential psychiatric hospitalization.
- **Public Health Purposes:** PHI will be provided to local, state, or federal public health authorities, as required or permitted by law, to prevent or control disease. For example, if a patient presents symptoms of TB, we are required to notify the Health Department. We may notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Law Enforcement:** We may disclose your health information, excluding certain mental health and/or substance abuse information to law enforcement in response to a court order, warrant, subpoena, summons, or similar process issued by a court.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release health information to a coroner or medical examiner. Such disclosure may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.

- **Reports of Child Abuse and Neglect:** We will disclose PHI to appropriate authorities to report suspected child abuse or neglect.
- **Reports of Adult Abuse and Neglect:** We may notify the appropriate government authority if we believe that an adult patient has been the victim of elder or dependent adult abuse.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the PHI requested.
- **Organ and Tissue Donation:** If you are an organ donor, we may release health information, excluding certain mental health information and/or substance abuse information, to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the Armed Forces, we may release health information, excluding certain mental health information and/or substance abuse information, about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may disclose your health information, excluding certain mental health information and/or substance abuse information, for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Specialized Government Functions and Purposes or Security:** We may disclose your PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or other national security activities as authorized by law.
- **Fundraising Activities:** We may use or disclose your PHI to contact you and inform you about fundraising activities. If you do not wish to be contacted for fundraising activities, please inform us in writing.
- **Inmates:** If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR PHI

- We will obtain your written permission (an “Authorization”) prior to making any use or disclosure other than those described in this Joint Notice.
- The authorization must specify the use or disclosure, other than those above, that you may request or that we plan to make of your PHI. The authorization will describe the health information to be used or disclosed and the purpose of the use or disclosure. The Authorization will also specify the name of the person or entity to whom the health information is being disclosed, and it will be limited to an expiration date or event.
- You may revoke an Authorization previously given by you in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified in that Authorization, except where we have already taken actions in reliance of your Authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI in our records.

- **Right to Inspect and Copy Your PHI:** With certain exceptions, you have the right to inspect and copy your PHI from our records. You must submit your request in writing to your provider or the person in charge of your treatment. A form will be provided to you for this request. If you request a copy of your PHI, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We will respond within 5 business days of your written request.

We may deny your request to inspect and copy under certain circumstances. If you are denied the right to inspect and copy your PHI in our records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within the participating provider, who was not involved in the denial, will review the decision. We will comply with the outcome of the review.

- **Right to Request an Amendment:** If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the PHI. A form will be provided to you for this request, which may be obtained from your provider or the person in charge of your treatment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend your PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by us;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for amendment, you have the right to submit a statement of disagreement. We will provide you with a form in which you can document your disagreement with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want this form to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI other than for treatment, payment, and health care operations, or other legal exceptions.

You can make a request for an accounting of disclosures by obtaining a form from your provider or person in charge of your care. Your request must state a time period for the accounting (for example, the past three months). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment, or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing your PHI to someone who is involved in your care or payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose that you are receiving services at a certain facility.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You can make a request for additional restrictions on use and disclosure of PHI by obtaining a form from your provider or person in charge of your treatment. In your written request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your appointments or other matters related to your

treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail.

You may request to receive confidential communications by alternative means or at alternative locations through a form to be provided by your provider or person in charge of your treatment. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to a Paper Copy of this Joint Notice:** You have the right to a paper copy of this Joint Notice. You may ask us to give you a copy of this Joint Notice at any time. Even if you have agreed to receive this Joint Notice electronically, you are still entitled to a paper copy of this Joint Notice. You may obtain a copy of this Joint Notice at our website: [<http://www.beaconaco.com>.] To obtain a paper copy, please contact your provider.

CHANGES TO THIS JOINT NOTICE

We reserve the right to change the terms of this Joint Notice. We reserve the right to make the revised or changed Joint Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Joint Notice at the providers' facilities. The Joint Notice will contain on the first page the effective date. If we change our Joint Notice, you may obtain a copy of the revised Joint Notice by visiting our website at [<http://www.beaconaco.com>,] or you may request one from your provider.

COMPLIANCE

If you believe your privacy rights have been violated, you may file a complaint with us or the federal government. You will not be penalized or retaliated against for filing a complaint with us. If you have comments or questions regarding our privacy practices, contact:

Beacon Health Partners, LLP
990 Stewart Avenue, Suite 450
Garden City, NY 11530
Attn: Privacy Officer
E-Mail: _____

U.S. Department of Health and Human Services
Region II, Office for Civil Rights
Jacob Javits Federal Building
26 Federal Plaza – Suite 3312
New York, NY 10278
Telephone (212) 264-3313
Fax (212) 264-3039

**ADDENDUM TO
JOINT NOTICE OF PRIVACY PRACTICES**

**Participating Physicians and/or Group Practices in Beacon’s
Organized Health Care Arrangement**

Practice Name	Specialty
ABC Pediatrics, PC	Pediatrics
Adam M. Katof, DO, PLLC	Internal Medicine
Adolescent and Young Adult Medicine of Great Neck, LLC	Adolescent Medicine
Advanced Family Medicine	Family Medicine
Advanced Internal Medicine Group, PC	Internal Medicine
Alek Mishail, MD PLLC	Urology
Allergy & Asthma Care of Nassau & Suffolk, PLLC	Allergy and Immunology
Andrew T. Marshall, MD, PC	Internal Medicine
Anna K. Imperato, MD PLLC	Rheumatology
Ari Ginsberg, MD	Hematology/Oncology
Baruch Wieder, MD, PLLC	Hematology/Oncology
Belaray Dermatology, PC	Dermatology
Benjamin Leeman, MD	Internal Medicine
Brian Feingold, MD	Internal Medicine
Bruce Lowell, MD	Internal Medicine
Cardiovascular Consultants of Long Island, PC	Cardiology
Christopher J. Berard DO PC	Family Medicine
Comprehensive Cardiovascular, PC	Cardiology
Doctor's Care	Family Medicine
Ebrahim Sadighim, MD, PC	Internal Medicine
Edward Wolff, MD	Internal Medicine
Endocrine Associates of Nassau & Queens, PC	Endocrinology
Fountain Medical Group	General Practice
Gastroenterology Consults of Long Island, PC	Gastroenterology
Geraldine Lanman, MD	Internal Medicine
Grace Family Medical Practice	Family Medicine
Guy L. Mintz, MD, FACP, FACC, PLLC	Cardiology
Happy & Healthy Pediatrics	Pediatrics
Harshit Patel, MD, PC	Allergy and Immunology
Heart and Health, PLLC	Internal Medicine
Helaine Larsen, DO, PC	Family Medicine
Interventional Cardiac Consultants, LLP	Interventional Cardiology
Island Health Care	Internal Medicine
Jacqueline Delmont, MD, PC	Internal Medicine
Jonathan Mohrer, MD, PC	Internal Medicine
Kamyar David Tavakoli Physician PLLC	Internal Medicine

Kids Care Pediatric Associates, PC	Pediatrics
Kings Point Medical PLLC	Pediatrics
Lauren R. Boglioli, MD, PLLC	Cardiology
Laurence D. Haber, MD, PC	Neurology
Lawrence Rosman, MD	Endocrinology
Lefferts Medical Associates, PC	Internal Medicine
Marc Messineo DO PC	Family Medicine
Maria Musso, DO	Family Medicine
Marjan Y. Tabibzadeh, MD, PLLC	Pediatrics
Matthew S Cohen, MD FAAP	Pediatrics
Medman Primary Care Medicine, PC	Family Medicine
Metropolitan Diagnostic Imaging, PC	Diagnostic Radiology
Michael L. Hundert, MD, PC	Internal Medicine
Mitchell Berger, MD	Internal Medicine
Nassau Queens Pulmonary Associates	Pulmonary
Neurological Associates of Long Island, PC	Neurology
Norman Scott, MD	Family Medicine
North Shore Diabetes & Endocrine Associates	Endocrinology
North Shore Ear, Nose and Throat, PC	ENT
North Shore Hematology Oncology	Hematology/Oncology
North Shore Medical Arts LLP	Pulmonary
North Shore Nephrology	Nephrology
North Shore Primary Care Medical Associates	Internal Medicine
North Shore Pulmonary Associates, PC	Pulmonary
Northshore Medical Specialties Group, PC	Internal Medicine
NRAD Medical Associates, PC	Multi-Specialty
Osteoporosis Center of Queens	Internal Medicine
Pediatric Healthcare of Long Island	Pediatrics
Peter J. Longo, MD	Internal Medicine
Peter Rosenberg, MD	Internal Medicine
Premier Cardiology Consultants	Cardiology
Premier Care Medical of Great Neck	Urgent Care
Primary Healthcare Plus	Multi-Specialty
Priti Patel Physicians PC	Internal Medicine
Pro-Active Health Care Internal Medicine, PC	Internal Medicine
Progressive Ear, Nose and Throat, PLLC	ENT
Progressive Surgical Care, PLLC	General Surgery
Randy Makovsky, MD, PC	Urology
Robert L. Rattiner, MD, PLLC	Internal Medicine
Roland Nassim, MD	Internal Medicine
Saul Maslavi, MD, PC	Internal Medicine
Select Medicine, PC	Internal Medicine
Sisselman Medical Group	Internal Medicine

Suhail Shah, MD, PC
Tarun Wasil Physician PC
Therapeutic Alternatives, Ltd.
Thomas P. Mathew, MD, PC
Thomas Panetta, MD Vascular Surgery, PLLC
Timothy Brown, MD, PC
Vikas Desai, MD, PC
VIPediatrics, PC
Wilbert B. Maniego, MD, PC
Zev Carroll MD, PC
Healthix, Inc.

Internal Medicine
Hematology/Oncology
Family Medicine
Internal Medicine
Vascular Surgery
Obstetrics/Gynecology
Internal Medicine
Pediatrics
Internal Medicine
Internal Medicine
RHIO (see attached)