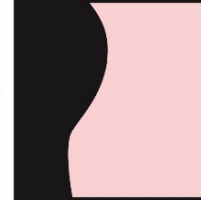


**Mayer J. Saad, MD PC, dba
The Woman's Health Pavilion, and
North Shore Woman's Health Pavilion**

THE
WOMAN'S
HEALTH
PAVILION



372 Post Avenue
Suite 106
Westbury, NY

82-12 151st Avenue
Howard Beach, NY

109-33 71st Road
Suite 2G
Forest Hills, NY

2950 Hempstead Turnpike
Levittown, NY 11756

Privacy Officer: Lucia Lapetri

EFFECTIVE DATE: 6-14-16

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.

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. Federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact the Privacy Officer at this practice.

WHO WILL FOLLOW THIS NOTICE

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this notice. All subsidiaries, business associates (e.g. billing services), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this notice. With the exception of your treatment, only the minimum information needed to accomplish other tasks will be shared.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not all possible uses or disclosures are listed.

For Treatment. We may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may communicate with a pharmacist about your allergies, to ensure proper choice of medications for your treatment.

For Payment. We may use and disclose medical information about you to obtain payments for services rendered. Example: We may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

For Healthcare Operations. We may use and disclose medical information about you for your healthcare operations to assure that you receive quality care. Example: We may use and disclose

medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Other Uses or Disclosures That Can Be Made without Consent or Authorization:

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Our healthcare providers treatment activities
- For other covered entities' healthcare operations (to the extent permitted under HIPAA)
- For other covered entities' and providers' payment activities
- Use and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities
- Other public health activities
- We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Use and Disclosures of Protected health Information Requiring Your Written Authorization: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will only be made with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain your records of the care we have provided you.

You Individual Rights Regarding Your Medical Information Complaints. If you believe your privacy rights have been violated, you may file a complaint with the privacy Officer at this practice or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care or the payment of your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer at this practice. In your request, you must tell us what information you want to limit.

Right to an Accounting of Non-Standard Disclosures. You have the right to request a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Privacy Officer at this practice. Your request must state the time period (up to six years, and not before April 14, 2003) for which you want to receive a list of disclosures. Your request should indicate in what form you want the list (e.g. on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you the cost for providing the list.

Right to Request Confidential Communications. You have the right to request how we should send communications to you about medical matter, and where you would like those communications sent. To request confidential communications, you must make your request to the Privacy Officer at this practice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice. Unless you specifically indicate otherwise in writing, we reserve the right to share limited protected health information through any phone number, fax number, address, or e-mail account that you provide for the purpose of contacting you about your scheduled appointments, treatment, results, or payment.

Right to Inspect and Copy. You have the right to inspect and copy medical information that maybe used to make decisions about your care. Usually this includes medical and billing records but does not included psychotherapy notes, information compiled for use in a civil, criminal or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the privacy Officer of this practice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may as us to amend the information. You have the right to request and amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. In addition, we may deny your request if the information with you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement or disagreement with us. We may prepare a rebuttal to you statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Right to Paper Copy of this Notice. You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a copy of the current notice, please request one in writing from the privacy Office at this practice.

Changes to this Notice. We reserve the right to change this notice. We reserve the right to make the revised or changed 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 this notice with the effective date in the upper right hand corner of the first page.