

## Pledge to Privacy Policy

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

### Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes. You may request a copy of our notice (or any subsequent revised notice) at any time.

### Uses and Disclosures of Protected Health Information

**For your healthcare:** To best meet your needs, we share medical information with all the healthcare providers involved with your care, including your health care plan and third parties involved in the approval of services such as MRI testing. We may disclose information about you to a friend or family member whom you designate or in appropriate circumstances, unless you request a restriction.

**Billing:** Only to the extent necessary, we also share your information to collect payment for the services we provide to you and to comply with the laws that govern healthcare. This includes authorizing Dr. Canelias to be your authorized representative for the purpose of appealing the denial of benefits for any claim submitted by this office on my behalf to my insurance carrier or higher authority.

**Governmental Disclosure:** We may disclose your protected health information for public health and safety; activities authorized by law, such as audits, investigations and inspections; abuses or neglect consistent with the requirements of applicable federal and state laws; if it is necessary for law enforcement involving criminal activity; or when we are required to do so by law

We will not use or disclose your information for any other purpose without your permission. If you are affected by a breach of unsecured Protected Health Information, you will be notified.

### Patient Rights

**Right to Access and or Amend Your Records:** In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the records, by submitting a request in writing that states the reason for requesting the amendment.

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you. Unless you tell us otherwise, email may be used for appointment reminders and communication.

Email messaging is not a secure way of communication, therefore our practice cannot guarantee the security and confidentiality of your patient information transmitted over email, and will not be liable for improper use and/or disclosure of confidential information. We are further not responsible for information lost or misdirected due to technical or other difficulties. If you wish to revoke this authorization, you may do so in writing for that period forward. Clinically relevant emails and responses will be documented in my medical record.

**Electronic Notice:** If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

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**Name of Contact Person:** Dr. Pauline M. Canelias, 15 East 40th St., suite 201 New York, NY 10016