

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.**

OUR RELATIONSHIPS AND PRIVACY COMMITMENT

Essen Health Care and its affiliated entities—including but not limited to Essen Medical Associates, P.C., House Call Medical Services of NY, PLLC dba Intention Healthcare of NY dba Essen Med House Calls PLLC, Essen Medical Urgicare, PLLC dba Metro Urgicare, and Bronx Medical Practice P.C.—operate as a single Affiliated Covered Entity (ACE) under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). These entities coordinate as one organization to use and disclose your protected health information (PHI) for treatment, payment and healthcare operations, and for other purposes that are permitted or required by law.

For purposes of this Notice, “Essen,” “Essen Health,” “we,” “us,” and “our” refer collectively to Essen Health Care and its affiliated ACE participants who are covered by this Notice.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

In this Notice, we describe:

- Information We Collect About You
- How We May Use and Disclose Your Protected Health Information
- Your Rights Regarding Your Information and How to File a Complaint
- Changes to the Terms of This Notice and How to Contact Us

We are required by law to maintain the privacy and security of your PHI, and abide by the terms of this Notice of Privacy Practices as long as it is in effect.

INFORMATION WE COLLECT ABOUT YOU

We may collect health information about you from a few different sources to provide you with the highest level of care here at Essen. PHI includes information that can be used to identify you (such as your name), and that we've created or received about your past, present, or future health condition, the provision of health care to you, or your past, present or future payment for the provision of this health care.

Information Collected from You

When you use our services, you will need to provide us with information about yourself and your medical history, past treatment, lab results, and potential future treatment options. Your telephone calls, emails, and other communications between you and our providers, may be recorded and logged. As such, we will collect and maintain all information discussed during such communications including your identity, the date and time of the communication, and the content.

Information Collected from Third Parties

In connection with Essen Services, we may collect information about you from third parties such as past or current health care providers, health insurance and pharmacy benefit management companies, your employer or other organizations that have contracted with Essen to give you access to our services, and may provide us with your name and demographic information, so we know you are eligible for these services.

Information Collected Automatically

When you register and log in to our secure websites and apps, we may automatically collect information about you such as IP address, device information, general geographic information, dates and times you accessed and used the secure websites/mobile apps, features you used, and how long you use the secure websites/mobile apps.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We typically use or share your PHI in the following ways:

1. **To Treat You.** We may disclose your PHI to hospitals, physicians, and other healthcare personnel in order to provide, coordinate or manage your health care or any related treatment.

We may use or disclose your PHI, as necessary, to contact you to remind you of follow-up care or appointments. We may also use or disclose your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer at privacy@essenmed.com to request that these materials not be sent to you.

2. **To Bill For Your Services.** We may use and disclose your PHI in order to bill and collect payment for the healthcare treatment and services provided to you. For example, we may give information about you to your health insurance plan so it will pay for your services.
3. **To Effectively Run Our Organization.** We may use and share your health information to run our practice, provide you services, improve your care, and contact you when necessary. For example, we may use your PHI in order to evaluate the quality of health care services that you received, or to contact you about health-related products, services or opportunities that we provide that may be of interest to you, our patients. We may also use your PHI to create de-identified data, which no longer identifies you, and which may be used or disclosed for analytics, business planning or other operational purposes.

How else can we use or share your health information?

We are allowed or required to use or share your information in other ways, without your authorization, in certain situations or when certain conditions have been met.

1. **Business Associates.** We will share your PHI with third party “business associates” that perform various activities for our practice (e.g., computer consulting companies, law firms, or other consultants). We will disclose only the minimum necessary information needed for these purposes, and require our business associates to enter into written business associate agreements to safeguard your information and comply with all applicable HIPAA privacy and security requirements.

To the extent that our business associates receive, create, maintain, or transmit any Substance Use Disorder (SUD) records that are subject to additional confidentiality protections under 42 C.F.R. Part 2, they agree to comply with all applicable restrictions on use and disclosure of such records. They shall not use or disclose SUD Records except as permitted by applicable law, including 42 C.F.R. Part 2, or as expressly authorized by the Covered Entity consistent with such law.

2. **Use of Technology and Artificial Intelligence.** We may use secure technology, including generative artificial intelligence (AI) tools, to assist our workforce in providing care, improving the accuracy of diagnoses, managing operations, and supporting quality improvement. These tools are used in accordance with HIPAA and other applicable privacy and security laws. We do **not** use AI to make decisions about your care or coverage without human involvement.
3. **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your PHI to a friend, personal representative, or family member involved in your medical care or who helps pay for your medical care. We may also make these disclosures after your death as authorized by applicable law, unless doing so is inconsistent with any prior expressed preference. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, status, or general condition. We may also use or disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified of your location, general condition, or death. If you are unable to agree or object to the use or disclosure, we may disclose such information as necessary if we determine that it is in your best interest.
4. **Help with public health and safety issues.** We can share health information about you in certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected victim of abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to someone’s health or safety
5. **Do research.** We can use or share your information for health research. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board and there is an established protocol to ensure the privacy of your information.
6. **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
7. **Respond to organ and tissue donation requests.** Consistent with applicable law, we may disclose your PHI to organizations engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
8. **Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director so that they can carry out their duties.
9. **Address workers’ compensation, law enforcement, and other government requests.** We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
10. **Correctional Institution.** If you are or if you become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents to assist them in providing you with health care, protecting your health and safety or the health and safety of others, or providing for the safety of the correctional institution.
11. **Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, a subpoena, discovery request or other lawful process.
12. **In the case of fundraising:** We may contact you to provide information about Essen sponsored activities, including fundraising programs and events. You have the right to opt out of fundraising activities before any substance use disorder (SUD) treatment records are used for these purposes. If you do not want to be contacted about our fundraising opportunities and events, you can let us know that you wish to opt out by emailing privacy@essenmed.com.

For certain health information, you can tell us your choices about what we share:

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

1. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation.
- Share your information in a hospital directory If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- Share your information over health information exchanges (HIEs) so that we can request, and receive electronic health information from other health care organizations for treatment, payment, and healthcare operations purposes as described above. If you do not want your information to be shared through an HIE, you may opt-out at registration or by contacting the Privacy Office at privacy@essenmed.com to revoke consent.

2. In these cases, we never use or share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke your authorization at any time by submitting a written notice to the Privacy Officer at privacy@essenmed.com. Your revocation will be effective upon receipt; however, it will not undo any use or disclosure of your PHI that occurred before you notified us, or any actions taken based upon your authorization.

3. Sensitive Health Information. Your state may provide additional privacy protection laws for some of your sensitive health information. Such laws may protect the use or disclosure of information related to:

- Biometric Information
- Child or adult abuse or neglect, including sexual assault
- Communicable diseases
- Genetic information
- HIV/AIDs
- Mental health
- Minors
- Reproductive health
- Sexually transmitted diseases

We will follow the law and abide by these special protections as they pertain to applicable cases involving these types of records.

4. Substance Use Disorder (SUD) Records: Some PHI related to the diagnosis, treatment, or referral for treatment of alcohol and/or Substance Use Disorders (SUD) may be subject to additional confidentiality protections under applicable law, including 42 C.F.R. Part 2. While we generally use and disclose PHI as permitted by HIPAA for treatment, payment, and health care operations, certain SUD treatment records that we create or receive from federally assisted SUD treatment programs or other providers, may be subject to more stringent restrictions. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless (1) you give your consent in writing, or (2) a court orders the use or disclosure of the records after you are provided with notice and an opportunity to be heard. The court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

If you would like additional information about the use or disclosure restrictions that may apply to your sensitive PHI or SUD treatment records, or revoke your consent for disclosure, please contact our Privacy Officer at privacy@essenmed.com.

YOUR RIGHTS REGARDING YOUR PHI.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Inspect and get an electronic or paper copy of your medical record	<ul style="list-style-type: none">• You can ask to see, or get an electronic or paper copy, of your medical record and other health information we have about you. Please email the Privacy Office at privacy@essenmed.com or complete and submit the Medical Record Request Webform found on our website.• We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.• In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the
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	denial and explain your right to have the denial reviewed.
Ask us to correct your medical record	<ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. You must provide the request and your reason for the request in writing. Please email the Privacy Office at privacy@essenmed.com to ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, via email instead of your home phone) or to send mail to a different address. Please email the Privacy Office at privacy@essenmed.com to ask us how to do this. We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You have the right to request that we limit how we use or share certain health information for treatment, payment, or our operations. Please email the Privacy Office at privacy@essenmed.com to ask us how to do this. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law or emergency requires us to share that information.
Get a list of those with whom we’ve shared your information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. Please email the Privacy Office at privacy@essenmed.com to ask us how to do this. We will respond within 60 days of receiving your written request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make, those made directly to you or your family, for national security purposes, to corrections or law enforcement personnel, or prior to April 14, 2003). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> You may exercise your rights through a personal representative as permitted or required by applicable law. Your personal representative may be required to produce evidence of authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. We will make sure the person has this authority and can act for you before we take any action.
Notification of a Breach:	<ul style="list-style-type: none"> We will notify you if there is a breach of your PHI.
File a Complaint:	<ul style="list-style-type: none"> If you believe your privacy rights have been violated, you can file a complaint with our Privacy Office (at privacy@essenmed.com), or the U.S. Department of Health and Human Services (at www.hhs.gov/ocr/privacy/hipaa/complaints). All complaints must be submitted in writing. You will not be penalized or otherwise retaliated against in any way for filing a complaint.

CHANGES TO THIS NOTICE AND HOW TO CONTACT US.

We reserve the right to change the terms of this Notice. If we revise this Notice, we will follow the terms of the revised Notice, as long as it is in effect. Any revised Notice of Privacy Practices would be effective for all PHI that we maintain at that time and any PHI we will maintain in the future. You may obtain a copy of the revised Notice at any time by contacting our office. Upon request, we will send you a copy by mail or email. The current Notice of Privacy Practices is prominently displayed at our treatment sites and on our website at <https://www.essenhealthcare.com/>.

You can obtain more information about Essen Health’s privacy practices by contacting the Privacy Office via:

- **Telephone:** (929) 298-0338
- **Mail:** Essen Health Care, Attn: Privacy Officer, 2626 Halperin Avenue, Bronx, New York 10461.
- **Email:** privacy@essenmed.com

Effective: November 2019.

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