

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: APRIL 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY NORTH GENERAL HOSPITAL, NORTH GENERAL DIAGNOSTIC AND TREATMENT CENTER, AND ANY OF THE FOLLOWING MEDICAL SERVICE PROVIDERS LISTED BELOW WHO MAY TREAT YOU UNDER A SPECIAL HEALTH CARE ARRANGEMENT WITH NORTH GENERAL HOSPITAL. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

NORTH GENERAL HOSPITAL, NORTH GENERAL DIAGNOSTIC AND TREATMENT CENTER, AND EACH OF THE MEDICAL SERVICE PROVIDERS LISTED BELOW ARE SEPARATE LEGAL ENTITIES WHO MAY JOINTLY PROVIDE CARE TO YOU. THIS NOTICE PERTAINS ONLY TO THE COMBINED PRIVACY PRACTICES OF NORTH GENERAL HOSPITAL, NORTH GENERAL DIAGNOSTIC AND TREATMENT CENTER, AND THESE MEDICAL SERVICE PROVIDERS AND DOES NOT EXTEND TO ANY OTHER BUSINESS OR TREATMENT-RELATED ACTIVITIES.

Medical Service Providers

- North General Physician Services, P.L.L.C.
- Mount Sinai Hospital/Mount Sinai School of Medicine
- Diagnostic Medical Consultants, Inc.
- Madison Avenue Emergency Medicine, P.C.
- River East Anesthesia, P.C.
- Voluntary attending physicians

For details on the summary information provided in this notice, please read the full *North General Hospital or North General Diagnostic and Treatment Center Notice of Privacy Practices* given to you upon registration or admission.

How we may use and disclose your health information.

We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you were referred. Information may be shared in person, by telephone, mail, or fax, or other permitted methods. We may use or disclose your health information without your authorization for several reasons. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses and disclosures.

Your Rights.

In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies, we may charge you a fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

Our legal duty.

We are required by law to protect the privacy of your health information, provide you with written notice about our privacy practices, follow the privacy practices that are described in our notice, and seek your acknowledgement of receipt of our notice. We may change our privacy policies any time. Before we make a significant change in our policies, we will change our notice and post the new notice throughout the Hospital. You can also request a copy our notice at any time. For more information about our privacy policies, contact a Patient Relations Representative at (212) 423-4266.

Privacy complaints.

If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you should contact a Patient Relations Representative at (212) 423-4266. You may send a written complaint to the U.S. Department of Health and Human Services. The Patient Relations Representative can provide you with the appropriate address upon request.

If you have questions or complaints, please contact a Patient Relations Representative at (212) 423-4337. *No one will retaliate or take action against you for filing a complaint!*