

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 are Committed to Your Privacy

NYU Langone Health is committed to maintaining the privacy and confidentiality of your health inform 0.01 Tw [.w [1 (h)]T. WH)4 (e)4 (w) [1 (h)l (h)l (h) onl (h)y usn)-4 (e)4 ((or)3 d1 (h)sn)-4 ca)4 (l)-2 or

Who Follows This Notice

This is a joint Notice that is followed by all employees, medical staff, trainees, students, volunteers, and agents of NYU Langone Health at these locations:

NYU Langone Hospitals (including the NYU Langone Health Home Care) NYU Grossman School of Medicine (including our Faculty Group Practices)

The Family Health Centers at NYU Langone Health

Southwest Brooklyn Dental Practice

NYU Langone Hospitals and NYU Grossman School of Medicine participate in an Organized Health Care Arrangement ("OHCA") with the following entities:

Family Health Centers at NYU Langone Health The Southwest Brooklyn Dental Practice Long Island Community Hospital



with your insurance plan to collect payment for health care services or to get pre-approval for your treatment; and

to run our business, improve your care, educate our professionals, and evaluate provider performance.

Sometimes we may share your information with our business associates, such as a billing service, who help us with our business operations. All of our business associates must protect the privacy and security of your health information just as we do.

We may also use or share your information to contact you:

about health-related benefits or services.

about your upcoming appointments.

to see if you would like to take part in research projects.

about fundraising for NYU Langone Health.

You have the right to opt out of receiving fundraising communications. You can do this by contacting the NYU Langone Health Development Office at developmentoffice@nyulangone.org or by phone at 212-404-3640 or toll free at 1-844-651-4036.

If you do not wish to be notified of research projects you may be able to participate in, you can contact research-contact-optout@nyulangone.org or 1-855-777-7858.

Special protections apply if we use or share sensitive health information. This includes HIV-related information, mental health information, alcohol or drug abuse treatment information, or genetic information. For example, under New York State Law, confidential HIV-related information can only be shared with persons allowed to have it by law, or persons you have allowed to have it by signing a specific authorization form. If your treatment involves this information, you may contact the Privacy Officer for further explanation.

We are also allowed, and sometimes required by law, to share your information in other ways. We have to meet certain conditions in the law before we can share your information for the following reasons. Some examples of each include:

Public health and safety: reporting diseases, births, or deaths; reporting suspected abuse, neglect, or domestic violence; to avoid a serious threat to health or public safety; monitoring product recalls; and reporting information for safety and quality purposes Research: analyzing health record projects that have been approved by our institutional review board (IRB) and are of low risk to your privacy; preparing for a research study; studies that only involve decedents' information

Judicial and administrative proceedings: responding to a court or administrative order Workers' compensation and other government requests: workers' compensation claims payment or hearings; health oversight agencies for activities authorized by law; special government functions (military, national security)



Law enforcement: with a law enforcement official to identify or find a suspect or missing person



Ask us to correct your medical record if it is inaccurate or incomplete.