



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.

NYU Langone Health is committed to maintaining the privacy and confidentiality of your health information. We will only use or disclose (share) your health information as described in this Notice. You will be asked to sign an acknowledgment that you have received 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 ("LIH")**

Those entities participating in the OHCA may use and share between each other your information to carry out treatment, payment, and health care operations relating to this arrangement.

If NYU Langone Health professionals provide you with treatment or services at other locations, for example at the Manhattan VA Medical Center or Bellevue Hospital Center, the Notice of Privacy Practices you receive there will apply.

This section describes the different ways that we may use and share your information. We will usually contact you for these purposes by phone, but if you have given us your email address or permission to send a text message, we may contact you that way. Communication by text message and email may be unsecured and unencrypted, and by providing us your mobile phone number or email, you authorize NYU Langone Health to communicate with you in this way.

We mainly use and share your information for treatment, payment, and health care operation purposes. This means we use and share your health information with other health care providers who are treating you or with a pharmacy that is filling your prescription.



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

Comply with the law to the Department of Health and Human Services to see if we are complying with federal privacy law

Disaster relief situation sharing your location and general location for the purpose of notifying your family, friends, and agencies chartered by law to assist in emergency situations

To organizations that handle organ, tissue, or eye donation or transplantation

To coroners, medical examiners, or funeral directors as needed to do their jobs

Incidental to a permitted use or disclosure calling your name in a waiting area for an appointment and others in the waiting area may hear your name called. We make reasonable efforts to limit these incidental uses and disclosures.

In the following situations, we may use or share your information, unless you object or if you specifically give us permission. If for some reason you are not able to tell us your preferences, for example if you are unconscious, we may share your information if we believe it is in your best interest:

For our patient directory, including to our chaplaincy services department, such as a priest or rabbi.

With your family, friends, or others involved in your care or payment for your care.

In the following situations, we will only use or share your information if you give us written permission:

For marketing purposes

Sale of your information or payments from a third party

Most sharing of psychotherapy notes

Any other reasons not described in this Notice

You can revoke (take back) that permission, except when we have already relied on it, by contacting the Privacy Officer:

When it comes to your health information, you have certain rights. You may:

Review or get an electronic or paper copy of your medical record, including billing records.

You may be charged a reasonable cost-based fee for your records. We will let you know about any delay.

You can also access your health information directly using our secure patient portal, NYU Langone Health MyChart at <https://mychart.nyu.edu>.

Request confidential communications. You can ask us to contact you in a certain way, for example, by cell phone. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share for your treatment, payment, and health care operations. We are not required to agree to your request, but we will review it. When you pay for services out of pocket, in full, and ask us not to share the information with your insurance plan, we will agree unless a law requires us to share that information.

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Ask us to correct your medical record if it is inaccurate or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.

Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we shared your information and why for the six years prior to your request. Not all disclosures will be included in this list, such as those made for treatment, payment, or healthcare operations. You have the right to get this list or time every 12 months without charge, but we may charge you for the cost of providing additional lists during that time.

Get a copy of this privacy Notice. Just ask us and we will give you a copy in the format you would like (paper or electronic).

Choose someone to act for you. This "personal representative"