23, 2013. , , 100 D , , 10595, (212) 346-1269, _____.

Who Will Follow This Notice

ļ

. A " ."
G , ; (2) ; (3) , , ,

ļ

2

.F ,

į

; ; ; ; Disclosure to your spouse, another family member such as a parent for an adult child, or a close personal friend designated by you to receive your protected health information, Including an Individual involved In your care prior to your death, unless you object.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" (i.e., a list) of your protected health information where such disclosures were made other than: (1) for treatment, payment, or health care operations; (2) to you; (3) pursuant to your authorization; (4) to friends or family in your presence or due to an emergency; (5) for national security purposes; or (6) incidental to an otherwise permissible use or disclosure.

To request this accounting of disclosures, you must submit your request in writing to , 100 Summit Lake Drive, Valhalla,

NY 10595, (914) 989-8506 (fax), (914) 923-2738 (phone). Your request must state a time period which may not be longer than six years from the date of the request. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost Involved, and you may choose to withdraw or modify your request at that time before any costs are incurred to comply with the original request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limitation on the protected health Information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a treatment for Hepatitis C you had.