Benefits, Alternatives, and Risks of Shockwave Lithotripsy

Shockwave lithotripsy, also known as Extracorporeal shockwave lithotripsy (ESWL), is a noninvasive treatment for urinary stones in the kidney and ureter. (See glossary for definitions of terms)

The treatment involves the use of focused shockwaves which are generated by a kind of spark-plug in a water filled chamber. When the patient lies on top of this chamber, energy generated by the spark-plug can be focused on the stone causing fragmentation. The particles, if small enough, will then pass out of the body with the flow of urine. The treatment session is usually one hour. The stone fragments may takes days, weeks or months to pass.

The chief advantage of ESWL is that it is “non-invasive”. That is, there is no cutting of the skin or insertion of devices into the body in order to get the shockwaves to the stone. Patients can be treated on an outpatient basis and usually experience only modest discomfort, if any. Re-treatment is possible if complete fragmentation has not occurred in a single session.

There are risks of the procedure. Chief among them is bruising or damage to the kidney. As a result, some blood usually appears in the urine following the procedure. Healing of the kidney is usually rapid, bleeding stops within 24 hours and no lasting problems are observed. However, in 0.4% of reported cases, the bleeding may be more significant causing a collection of blood around the kidney (perinephric hematoma) which may take weeks to resolve. Rarely, transfusion is required. Patients who are taking aspirin or NSAIDs*, or those with untreated kidney infection or poorly controlled hypertension are at particular risk. Loss of the kidney can occur.

Even minor damage to the kidney may result in permanent elevation of blood pressure through mechanisms that are poorly understood. Several studies have shown that the incidence of hypertension (high blood pressure) is no greater with lithotripsy than with other modalities of stone treatment.

Other complications relate to obstruction of the kidney by passing stone fragments. This condition can easily be treated, but may require an additional procedure for temporary insertion of a stent or percutaneous nephrostomy into the kidney for drainage. Sepsis can occur if this condition is untreated. Damage to adjacent organs such as lung, spleen, pancreas, bowel, liver, etc. is also reported, but these complications are VERY rare.

Bruising of the skin at the shockwave entry site is common and usually requires no treatment. Transient alteration of the heart rhythm occasionally occurs during treatment. This is usually of no clinical significance, can be treated with medication administered by the anesthesiologist and stops with cessation of the procedure. While the effects of SWL
in women of childbearing age can not be absolutely determined, no adverse side effects have been noted post-SWL.

Alternatives to ESWL exist. These include percutaneous lithotripsy, ureteroscopic lithotripsy, retrograde ureteropyeloscopic laser lithotripsy and open surgery. See glossary for definitions. All of these procedures are invasive. That is, they involve insertion of tubes or instruments into the body, or cutting of the skin. All of these procedures require general anesthesia, and some require in-patient hospitalization. The complications are equal to or greater than those described for ESWL. These invasive procedures may be necessary for very large stones or in the presence of certain anatomic abnormalities of the kidney. ESWL is generally preferred under most other circumstances.

All ESWL machines have a weight capacity, however because of different physical characteristics of patients, one machine may be more capable of effective stone treatment than another.

**Glossary**

**Anesthesia, general:** Unconsciousness, with muscular relaxation and no pain sensation over entire body, induced by use of an anesthetic agent.

**Anesthesia, local:** Loss of sensation only in one part of the body, induced by use of an anesthetic agent.

**Bladder:** Balloon shaped pouch of thin, flexible muscle in which urine is temporarily stored before being discharged through the urethra.

**Incision:** Surgical cut for entering the body to perform an operation.

**Invasive:** Involving cutting or puncture of the skin or insertion of instruments into the body.

**Kidney:** One of two body organs, each about four inches long and two inches wide, that filter out waste products from the blood and discharge these waste products in urine.

**Nephrostomy tube:** A flexible tube inserted under local anesthesia through the skin and muscle of the back directly into the kidney. This permits urine to drain from an obstructed kidney.
**NSAID**: Non-steroidal anti-inflammatory drug. A type of medication used for pain control, to treat arthritis, and other conditions. Example: motrin, naprosyn, relafin, alleve, advil

**Percutaneous nephrolithotripsy**: A procedure performed under general anesthesia involving insertion of an instrument through the skin and muscle of the back directly into the kidney. Various energy sources are then used through this instrument to break up and extract the stone fragments. Usually requires hospitalization for 1-3 days.

**Retrograde Ureteropyeloscopic lithotripsy**: An invasive procedure requiring insertion of special fiberoptic flexible instruments up the ureter and into the kidney under xray control. Fibers carrying laser or electrical energy are then passed through this instrument to break up the stone. Requires anesthesia.

**Sedation**: State of calm relaxation induced in one or more body systems by administration of medical agents.

**Sepsis**: Presence in blood or other body tissues of harmful bacteria spreading from a focal point of infection.

**Stent**: With regard to treating ureteral stones, a tube inserted through the urethra and bladder and into the ureter. Stents are used to aid treatment in various ways, such as preventing stone fragments from blocking the flow of urine.

**Ureter**: one of two tubes that carry urine from the kidneys to the bladder.

**Urethra**: The tube (short in women, longer in men) through which urine flows from the bladder out of the body.

**Ureteroscopic lithotripsy**: Passage of a thin metal or flexible tube into the ureter under xray control. Fibers carrying laser or electrical energy are then passed through this instrument to break up the stone.
PATIENTS BILL OF RIGHTS AND RESPONSIBILITIES

Policy Statement:

Allied Urological Services (Allied), Metropolitan Lithotriptor Associates (MLA), and its employees will ensure that all patients are treated with respect, consideration and dignity.

Patients should......

1. Understand and use these rights. If for any reason the patient, does not understand instructions, or needs help, a staff member must provide assistance, including the use of an interpreter.

Patients have the right to:

2. Receive treatment without regard to race, color, religion, sex, national origin, disability or sexual orientation.

3. Receive considerate and respectful care in a clean and safe environment.

4. Receive emergency care if needed.

5. Be informed of the name and position of the Physician who will be in charge of their care at the site.

6. Know the names, positions and functions of any staff involved in their care.

7. Have the right to refuse treatment, examination or observation by specific staff members if this refusal does not pose an immediate threat to their life.

8. Have the right to refuse treatment and have the right to be informed of what possible effect(s) such refusal may have on their health.

9. Receive treatment in a Smoke-Free environment. Smoking is not permitted at any of the sites.

10. Receive all the information that is needed to give informed consent for any proposed procedure or treatment. This information includes the right to inquire about the possible risks and benefits of the procedure or treatment and includes the risks and benefits of no treatment.

11. Receive complete information from their physician about their diagnosis, treatment and prognosis.
12. Receive a full explanation of any contemplated research and have the right to refuse to take part in such research.

13. Be assured of privacy while in an MLA site.

14. Be assured of confidentiality of all information and records regarding their care. Release of records to third parties (other than the patient’s medical insurance company) is subject to explicit written permission by the patient.

15. Participate in all decisions about their treatment and discharge from the site. MLA will provide them with written instructions to follow upon their release from the site.

16. Be informed of the steps to take in case of an emergency which develops after discharge home. Specifically:
   a. Contact your private Physician.
   b. If unable to contact private Physician, call the treating facility. During normal hours of operation a Registered Nurse (RN) will direct the patient’s care to the appropriate Physician.
   c. **After hours:** If, in the event of an emergency, you are not able to reach your Physician, go to the Emergency Room where your Physician has privileges or if necessary, to your local hospital emergency room.

17. Will be given a pre-stamped and addressed survey upon discharge from the site. This will allow patients to comment regarding any aspect of their care at the site.

18. Have the right to request in writing, access to their medical record. Upon receipt of written request, MLA will provide patient access to his/her chart within 10 days or will provide a copy of the chart within 30 days, in accordance with HIPAA* guidelines.

19. Receive an itemized bill and explanation of all charges.


21. Complain without fear of reprisal about the care and services received, and to have MLA respond in writing, if requested. Complaints may be included on the patient satisfaction survey that every patient receives or by calling the Executive VP of Operations at 646-742-8800. Should you have any suggestions or problems that you encounter in our facility that you feel you cannot address to us here, you may call the New York State Department of Health at 1-800-663-6114.
**Patient Responsibilities:**

**Patient will:**

1. Provide complete and accurate information to the best of his/her knowledge about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies.

2. Provide information about any allergies or sensitivities.

3. Follow the treatment plan prescribed by his/her provider.

4. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours.

5. Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

6. Accept personal financial responsibility for any charges not covered by his/her insurance.

7. Be respectful of all the health care providers and staff, as well as other patients.

*Health Insurance Portability and Accountability Act of 1996*
The following is a list of medications containing ingredients that may interfere with your blood’s ability to clot. Many of these medications are either aspirin-containing products or arthritis medications. We prefer that you discontinue the use of these listed drugs, and any other aspirin-containing drug, 10 days prior to your procedure. Please make sure that you consult with your personal physicians (internist, cardiologist) before stopping any anticoagulant (blood thinning) medication. These medications are in **Bold Print for easy identification**.

Continue to take any other medications that you may be taking under the direction of your physician. If you have any questions regarding your medication, please call and speak with our Nursing Staff.

1. A.P.C.:APAC
2. Aches N Pains
3. Actabs
4. Acrylin
5. Actron
6. Advil
7. Aleve
8. Alka Seltzer
9. Aluprin
10. Amigesic
11. Anacin
12. Anagrelide HCL
13. Anaprox DS
14. Anaturane
15. Anisindione
16. Anodynos
17. Anoquan
18. Ansaid
19. APAP Fort
20. **Apixaban***
21. Argesic
22. **Arixtra** *7 days*
23. Arth-Ga
24. Arthralgen
25. Arthritis Foundation
26. Arthritis Pain Form
27. Arthritis Str.
28. Bufferin
29. Arthrolate
30. Arthroplan
31. Arthrotec
32. Ascription
33. Aspergin
34. Aspirin
35. Asprajet
36. Axotal
37. Azolid
38. Bac
39. Bayer
40. Bayer Children’s ASA
41. Bayer Select Pain Rel.
42. Bayer Time Release BC Tabs
43. Bromfenac Sodium Buffer
44. Buff A
45. Buff Tabs
46. Buffaprin
47. Bufferin
48. Bufferen Arthritis Str.
49. Buffets 11
50. Butal/bital Comp
51. Butazolidin
52. Butal/bital Comp
53. Butazolidin
54. Cama/Arthritis Str.
55. Capron
56. Cataflam
57. Cefobid
58. Cefotan
59. Cefitin Tablets
60. Celebrex
61. Celecoxib
62. Children’s Advil/Motrin
63. Choline Mg.
64. Codasa
65. Cogesic
66. Comeback
67. Cogesic
68. Cogesic
69. Cogesic
70. Cope
71. Coricidin
72. **Coumadin** *nml INR*
73. CP-2
74. Cycrin
75. Dabigatran Etxilate* *5 days*
76. Damason-P
77. Danocrine Capsules
78. Darvon Comp.
79. Dasin
80. Daypro
81. Diclofenac
82. Dicluinusal
83. Dicumarol
84. Disalcid
85. Dipryridamole
86. Doans Pill
87. Dolcin
88. Dolobid
89. Dolor
90. Double A
91. Douprin
92. Dristan
93. Duract
94. Duradyn
95. Duragesic
96. Duramed
97. Durasal
98. Dynosal
99. Easpirin
100. Ecotrin
101. EC-Naprosyn
102. **Effient** *7 days*
103. Efficin
104. Elmiron* *7 days*
105. Eliquis*
106. Eminase
107. Emprin
108. Encaprin
109. Endolar
110. Epronate
111. Equagesic
112. Equazime M
113. Esgic
Please be aware that the medication with the * after the name must be discontinued within a specific period, prior to your Shock Wave Lithotripsy treatment (SWL).

1. **Coumadin/Warfarin Sodium** requires normal INR before SWL
2. **Glucophage** the day of the procedure.
3. **Glucophage** discontinue 48 hours after your Shock Wave Lithotripsy only if contrast dye was administered during procedure.
4. **Heparin SQ, Lovenox and Trental** 48 hours before SWL.
5. **Plavix** discontinue 7 days prior to SWL.
6. **Effient (Prasugrel)** discontinue 7 days prior to SWL.
7. **Elmiron (pentosan polysulfate sodium)** discontinue 7 days prior to SWL
8. **Pradaxa (dabigatran etexilate)** discontinue 2 days prior to SWL if eGFR is >50, 4 days prior if eGFR is 31-50 and 6 days if eGFR is ≤ 30
9. **Arixtra (fondaparinux sodium)** discontinue 7 days prior to SWL
10. **Xarelto (rivaroxaban)** discontinue 2 days prior to SWL if eGFR is >50 and 4 days prior if eGFR is <50
11. **Eliquis (Apixaban)** discontinue 2 days prior to SWL if eGFR is >50 and 4 days prior if eGFR is <50

- **Consult with your cardiologist or internist before you discontinue any anticoagulant therapy (blood thinning medication).**

- If you are an Insulin Dependent Diabetic, you should notify your Internist on the recommended dose or possible discontinuation of Insulin on the day of treatment.

- Please notify the medical staff at your treatment site if you are taking any herbal products.

- Please be advised that certain vitamins and dietary supplements, when taken in combination with prescribed medication may slightly increase the chance of bleeding during surgery. The specific effect on patients undergoing Lithotripsy is less certain, however if you are taking dietary supplements such as Echinacea, Vitamin E, Ginkgo Biloba, garlic, ginger, ginseng, feverfew, you should inform your physician so that appropriate precautions can be taken.
What is a “MAO Inhibitor drug”? MAO inhibitors get their name because they inhibit the enzyme monoamine oxidase.

**List of MAO inhibitor Drugs:**

**Antidepressants:**
- Phenelzine Sulfate - Brand Name: Nardil
- Tranylcypromine Sulfate – Brand Name: Parnate
- Isocarboxazid – Brand Name: Marplan

**Anti-Parkinson’s**
- Selegiline HCL (L-Deprenyl)- Brand Names: Eldepryl, Carbex

**Antimicrobial:**
- Furazolidone- Brand Name: Furoxone

**Hodgkin’s Disease:**
- Procarbazine HCL (N-Methylhydrazine: MIH)- Brand Name Matulane

**Antituberculosis Drug:**
- Isoniazid (Isonicotinic acid hydrazide; INH)- Brand name: Nydrazid, Laniazid; Brand Names of combinations including Isoniazid:Rifater, Rifamate, Rimactane/INH Dual Pak

**Appetite Suppressor:**

In addition to the above drugs, a new study indicates that the obesity drug Phentermine is an unrecognized MAO inhibitor as potent as recognized antidepressants in this class of drugs. Some brand names for Phentermine are: Fastin, Obephen, OBY-CAP, Zantryl, Phentrel, Adipex-P, Obe-Nix 30.

Please let your psychiatrist know that these medications are to be held two weeks prior to Shock Wave Lithotripsy. If you are unable to stop these medications for the required time, notify the nursing staff and the anesthesiologist at the treatment center.
notice of privacy practices

Notice of Privacy Practices Effective:

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.

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer, Patti Sablesak at (646) 742-8801.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or conditions and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. Any revised Notice of Privacy Practices would be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail. A copy of the current Notice of Privacy Practices will be prominently displayed in our office at all times and posted on our website at http://www.alliedmetromedical.com/.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Prior to disclosing your protected health information to outside health care providers or to obtain payment, Metropolitan Lithotriptor Associates, P.C. (“Metro Litho”) will obtain your general consent, usually at your first visit to our facility.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that already has obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to your primary care physician. We also may disclose protected health information to other specialist physicians who may be treating you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we provide for you, determining your eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to an insurer or accreditation agency which performs chart audits. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may use or disclose your protected health information, as necessary, to contact you to remind you of your scheduled procedure.

We will share your protected health information with third party “business associates” that perform various activities for our practice (e.g., computer consulting company, law firm or other consultants). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, 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 to request that these materials not be sent to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization
Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing, except to the extent that Metro Litho has taken an action in reliance on the use or disclosure indicated in the authorization.

The following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI;
- Most uses and disclosures of psychotherapy notes (if Metro Litho maintains psychotherapy notes); and
- Other uses and disclosures not described in the notice required by law. The use or disclosure will be made in compliance with the law.

Public Health: We may disclose your protected health information for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We also may disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your protected health information to a governmental agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Product Monitoring and Recalls: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, and biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or in connection with postmarketing surveillance, as required by law.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes included (1) legal processes, (2) limited

Information to your family members: Unless prior preference is expressed to Metro Litho, a deceased patient’s health information may be disclosed to a family or other member or other persons who were involved in the individual’s care or payment for health care prior to the individual’s death if such protected health information is relevant to person’s involvement.

Immunization Disclosure to Schools: Upon your agreement, which may be oral or in writing, Metro Litho may disclose proof of immunization to a school where a State or other law requires the school to have such information prior to admitting the student.

Other Permitted and Required Uses and Disclosures that may be Made without your Consent or Authorization

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is
information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of Metro Litho, and (6) medical emergency (not on Metro Litho’s premises) and it is likely that a crime has occurred.

Decedents: Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties. Protected health information does not include health information of a person who has been deceased for more than 50 years.

Organ/Tissue Donation: Your health information may be used or disclosed for cadaver organ, eye or tissue donation purposes.

Criminal Activity: We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for authorized military purposes, as required by law.

Workers’ Compensation: Your protected health information may be disclosed by us as authorized to comply with workers’ compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal privacy regulations.

2. YOUR RIGHTS

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a medical record maintained by Metro Litho for as long as we maintain the protected health information. We may charge you our standard fee for the costs of copying, mailing or other supplies we use to fulfill your request.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You also may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

In most circumstances, your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. However, if you request us to restrict disclosures to health plans that we would normally make as part of payment or health care operations, we must agree to that restriction if the protected health information relates to health care which you have paid out of pocket in full.

If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction using the form for requests for restrictions on protected health information from the Privacy Officer, or you may provide us your request, in writing. Your request must include (a) the information you wish restricted; (b) whether you are requesting to limit the Practice’s use, disclosure, or both; and (c) to whom you want the limits to apply.

You have the right to electronic copies of your protected health information when requested. Where information is not readily producible in the form and format requested, the information must be provided in an alternative readable electronic format as agreed to by you and Metro Litho may charge a reasonable cost based fee for labor in copying protected health information and postage where you request that information be transmitted via mail or courier.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. For example, you may ask us to contact
you by mail, rather than by phone at home. You do not have to provide us a reason for this request. We will accommodate reasonable requests. We also may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you that we maintain. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies generally to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. However, you do have the right to an accounting of disclosures for treatment, payment or health care operations if the disclosures were made from an electronic health record.

Your right to an accounting of disclosures excludes disclosures we may have made to you, or to family members or friends involved in your care, or for notification purposes.

You have the right to receive specific information regarding other disclosures that occurred up to six years from the date of your request (three years in the case of disclosures from an electronic health record made for treatment, payment or health care operations). You may request a shorter timeframe. The first list you request within a 12-month period is free of charge, but there is a charge involved with any additional lists within the same 12-month period. We will inform you of any costs involved with additional requests, and you may withdraw your request before you incur any costs.

You have the right to obtain a paper copy of this Notice from us.

You have the right to opt out of fundraising communications (if Metro Litho conducts fundraising).

You have the right to receive notice in the event of a breach of unsecured protected health information. This means that you will receive notice if a breach of your protected health information is discovered within 60 days of discovery.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Patti Sablesak, at (646) 742-8801 for further information about the complaint process.