

PATIENTS BILL OF RIGHTS AND RESPONSIBILITIES

Policy Statement:

Allied Urological Services (Allied), Metropolitan Lithotripter 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 age, race, color, sexual orientation, religion, marital status, sex, disability, national origin or sponsor;
3. Be treated with consideration, respect and dignity in a clean and safe environment including privacy in treatment;
4. Be informed of the services available at the center.
5. 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.
6. Be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care.
7. Receive an itemized copy of his/her account statement, upon request;
8. Obtain from his/her health care practitioner, or the health care practitioner's delegate, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
9. Receive from his/her physician information necessary to give informed consent prior to the start of any nonemergency procedure or treatment or both. An informed consent shall include, as a minimum, the provision of information concerning the specific procedure or treatment or both, the reasonably foreseeable risks involved, and alternatives for care or treatment, if any, as a reasonable medical practitioner under similar circumstances would disclose in a manner permitting the patient to make a knowledgeable decision.

10. Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of his/her action;
11. Refuse to participate in experimental research;
12. Voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
13. Express complaints without fear of reprisal about the care and services received and to have the center investigate such complaints. The center is responsible for providing the patient and his/her designee with a written response within 30 days if requested indicating the findings of the investigation. Complaints may be included on a patient satisfaction survey that every patient receives or by calling the Executive VP of Operations at 646-742-8800. Should there be any suggestions or problems that are encountered in our facility that cannot be addressed to us here, or if the patient or his/her designee is not satisfied by the center response, he/she may call the New York State Department of Health at 1-800-663-6114;
14. Privacy and confidentiality of all information and records pertaining to the patient's treatment;
15. Approve or refuse the release or disclosure of the contents of his/her medical record to any health-care practitioner and/or health-care facility except as required by law or third-party payment contract;
16. Access to his/her medical record per Section 18 of the Public Health Law, and Subpart 50-3. For additional information see: [Access to Your Medical Records and Do I Have the Right to See My Medical Record?](#)
17. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors;
18. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the center.
19. Be informed of the name and position of the Physician who will be in charge of his/her care at the side.
20. Know the names, positions, and functions of any staff involved in his/her care.
21. Participate in all decisions about his/her treatment and discharge from the site. MLA will provide them with written instructions to follow upon his/her release from the site.

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

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 take 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.

METROPOLITAN LITHOTRIPTOR ASSOCIATES, PC

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	42.	Bayer Time Release	80.	Daypro
2.	Aches N Pains	43.	BC Tabs	81.	Diclofenac
3.	Actabs	44.	Bromfenac Sodium	82.	Diclofenac
4.	Acrylin	45.	Buff A	83.	Dicumarol
5.	Actron	46.	Buff Tabs	84.	Disalcid
6.	Advil	47.	Buffaprin	85.	Dipryridamole
7.	Aleve	48.	Bufferin	86.	Doans Pill
8.	Alka Seltzer	49.	Bufferen Arthritis Str.	87.	Dolcin
9.	Aluprin	50.	Buffets 11	88.	Dolobid
10.	Amigesic	51.	Buffex	89.	Dolor
11.	Anacin	52.	Butal/bital Comp	90.	Double A
12.	Anagrelide HCL	53.	Butazolidin	91.	Douprin
13.	Anaprox DS	54.	Cama/Arthritis	92.	Dristan
14.	Anaturane	55.	Capron	93.	Duract
15.	Anisindione	56.	Cataflam	94.	Duradyne
16.	Anodynos	57.	Cefobid	95.	Duragesic
17.	Anoquan	58.	Cefotan	96.	Duramed
18.	Ansaid	59.	Ceftin Tablets	97.	Durasal
19.	APAP Fort	60.	Celebrex	98.	Dynosal
20.	Apixaban*	61.	Celecoxib	99.	Easpirin
21.	Argesic	62.	Children's Advil/Motrin	100.	Ecotrin
22.	Arixtra*7days	63.	Choline Mg. Trisalicylate	101.	EC-Naprosyn
23.	Artha-G	64.	Clinoril	102.	Effient* 7 days
24.	Arthralgen	65.	Clopidogrel Bisulfate*	103.	Efficin
25.	Arthritis Foundation	66.	Codasa	104.	Elmiron* 7 days
26.	Arthritis Pain Form	67.	Cogesic	105.	Eliquis*
27.	Arthritis Str. Bufferin	68.	Comeback	106.	Eminase
28.	Arthrolate	69.	Cognespirin	107.	Emprin
29.	Arthroplan	70.	Cope	108.	Encaprin
30.	Arthrotec	71.	Coricidin	109.	Endolar
31.	Ascription	72.	Coumadin *nml INR	110.	Epromate
32.	Aspercin	73.	CP-2	111.	Equagesic
33.	Aspergum	74.	Cycrin	112.	Equazine M
34.	Aspirin	75.	Dabigatran Etexilate*5 days	113.	Esgic
35.	Aspraject	76.	Damason-P	114.	Etodolac
36.	Axotal	77.	Danocrine Capsules	115.	Exedrin
37.	Azolid	78.	Darvon Comp.	116.	Extra Str. Anacin
38.	Bac	79.	Dasin	117.	Feldene
39.	Bayer			118.	Fenoprofen
40.	Bayer Children's ASA			119.	Fiorinal
41.	Bayer Select Pain Rel.			120.	Fiortal
				121.	Florgen-PF
				122.	Flurbiprofen

123.	Fondaparinux sodium* 7days	179.	Mono-Gesic	236.	Rocephin
124.	Formagesic	180.	Motrin (IB)	237.	Rufen
125.	Fortaz	181.	Moxam	238.	Sac Tabs
126.	4 Way Cold Tab.	182.	Nabumetone	239.	Salatin
127.	Gaysalls	183.	Naprelan	240.	Saleto (200, 400, 600, 800)
128.	Gelprin	184.	Napron X	241.	Salatin
129.	Gemisyn	185.	Naprosyn	242.	Salflex
130.	Genpril	186.	Naproxen	243.	Sal-Gayne
131.	Genrin	187.	Neocylate	244.	Salgesic
132.	Gesan	188.	Norgesic	245.	Salocol
133.	Ginkgo Biloba	189.	Norwich ASA	246.	Salsalate
134.	Goody's HA Pounder	190.	Nuprin	247.	Salsitab
135.	Glucophage*	191.	Nyquil	248.	Sine-off
136.	Gold Compound	192.	Nyudis	249.	Sodium Salicylate
137.	Halfprin	193.	Oruvail	250.	Sodium Thiosalicylate
138.	Haltran	194.	Oxalid	251.	Soma Compound
139.	Heparin SQ* 48 hrs.	195.	Oxycondone	252.	Sominex
140.	Ibuprofen	196.	Oxycodone HCL with ASA	253.	Stanback
141.	Ibuprohm	197.	Oxycodone HCL with ASA	254.	Streptase
142.	Indameth	198.	Oxyphenbutazone	255.	Sulindac
143.	Indochron E-R	199.	Oxaprozin	256.	Suprax
144.	Indo-Lemmon	200.	Ozaprozin	257.	Supac
145.	Indomethacin (SR)	201.	Pabalate	258.	Sure Sleep
146.	Isollyl-Improved	202.	P-A-C	259.	Syanligos (DC Caps)
147.	Ketoprofen Improved	203.	Pain Reliver Tabs.	260.	Synkayvite
148.	Ketorolac	204.	Pamprin	261.	Talwin Compound
149.	Lanorinal	205.	Panasal 5/500 Tabs.	262.	Tandearil
150.	Liquipin	206.	Panhematin	263.	Tegison Capsules
151.	Lodine	207.	Panodynes	264.	Tenal Plus
152.	Lortab ASA	208.	Pentosan Polysulfate Sodium* 7 days	265.	Tenstan
153.	Lovenox* 24 hrs.	209.	Pentoxifylline	266.	Therapy Bayer c
154.	Magan	210.	Percodan	267.	Ticlid
155.	Magnaprin	211.	Persantine	268.	Ticlopidine HCL
156.	Magsal	212.	Persistin	269.	Tisma
157.	Majoral	213.	Phenaphen	270.	Tolectin DS (200,600, 800)
158.	Major-Cin	214.	Phenylbutazone	271.	Tolmetin
159.	Mandol	215.	Pirozicam	272.	Toradol
160.	Midol IB	216.	Plaquenil Sulfate	273.	Trendar
161.	Margesic	217.	Plavix *7 days	274.	Trental *48 hrs.
162.	Margsal	218.	Ponstel	275.	Triad
163.	Marnal	219.	Pradaxa*	276.	Tricosal
164.	Mathretic	220.	Prasugrel* 7 days	277.	Trigesic
165.	Measurin	221.	Premsyn	278.	Trilisate
166.	Meclofenamate	222.	Presalin	279.	Tripain
167.	Meclomen	223.	Primaxin	280.	Tusal
168.	Medipren	224.	Propoxyn	281.	Uromide
169.	Mefennamic Acid	225.	Propoxyphene/ASA	282.	Usalel 5
170.	Meloxicam	226.	Protension	283.	Velesin
171.	Meprobamate and ASA	227.	Provera	284.	Vanquish
172.	Meprogesic Q	228.	Questran Light	285.	Verin
173.	Micrainin	229.	Quiet Word	286.	Vitamin E
174.	Miradon	230.	Relafen	287.	Voltaren
175.	Mobdin	231.	Resolve	288.	Voltaren Rapid
176.	Mobic	232.	Rexolate	289.	Voltaren SR
177.	Mobigesic	233.	Rivaroxaban*7 days	290.	Voltaren XR
178.	Momentum	234.	Robaxisal	291.	Wafarin Sodium *5 days
		235.	Roxiprin		

292.	Wesprin Buffered	295.	Zinacef
293.	Xarelto *	296.	Zurprin
294.	Zefazone		

- **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/WarfarinSodium** 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.**

METROPOLITAN LITHOTRIPTOR ASSOCIATES, P.C.

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 Lithotripter 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

Other Permitted and Required Uses and Disclosures That May Be Made With Your Permission or Opportunity to Object

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment.

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 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 post-marketing 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 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.