NOTICE OF PRIVACY PRACTICES

ModernMD

Effective Date: January 1, 2023 | Last Updated: November 16, 2026

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.

This notice describes the privacy practices of ModernMD and applies to protected health information (PHI) maintained by the practice. You may request a paper or electronic copy and discuss this notice with our privacy contact listed at the end.

1. Our responsibilities

We are required by law to maintain the privacy and security of your PHI, provide you this notice, and follow its current terms. We will notify you as required by law if a breach compromises unsecured PHI. We will not use or disclose your information in ways not described here unless you give us written authorization or the law otherwise allows or requires it. You may revoke an authorization in writing, except to the extent we already relied on it.

2. How we use and disclose your health information

Treatment. We may use and share your information with clinicians, laboratories, imaging facilities, pharmacies, specialists and other providers involved in diagnosing, treating or coordinating your care.

Payment. We may disclose information to insurers, health plans, billing contractors and others as needed to check benefits, submit claims, obtain prior authorization, receive payment or resolve payment disputes.

Health care operations. We may use and disclose information for quality improvement, patient safety, staff training, audits, credentialing, licensing, compliance and other necessary practice activities.

Business associates. We may share information with vendors performing services on our behalf, such as electronic health records, technology, billing and legal services, subject to applicable privacy and security requirements and agreements.

Appointments and care communications. We may contact you with appointment reminders, follow-up instructions, test-related communications, treatment alternatives or health-related services, using phone, mail, patient portals, text or email as appropriate. You may request reasonable confidential communication methods. Text and email can carry privacy risks. Nonessential patient-experience surveys or promotional messages will follow applicable consent and opt-out requirements; receiving this notice alone is not consent to marketing texts.

Public health and safety. When permitted or required by law we may report communicable disease, adverse drug events, product recalls, suspected abuse or neglect, and certain threats to health or safety; and disclose information to public health or oversight authorities.

Other permitted or required disclosures. Subject to applicable legal conditions, we may disclose information for research, organ and tissue donation, to coroners or funeral directors, workers' compensation, military or national- security functions, law enforcement requests, government oversight, judicial or administrative proceedings, and other situations required by law. We may disclose records to HHS to demonstrate compliance with privacy laws.

Family, caregivers and disaster relief. You may tell us whether to share information relevant to your care or payment with family, friends or caregivers, or with organizations assisting in disaster relief. When you cannot express a preference, we may disclose limited relevant information in your best interest, as permitted by law.

3. Your choices and authorizations

Most uses of PHI for marketing, any sale of PHI, and most uses and disclosures of psychotherapy notes require written authorization. Other uses not authorized by law or described in this notice also require written authorization. We will honor an appropriate written revocation prospectively.

If we conduct fundraising using information allowed by law, you may opt out of future fundraising communications. Where Part 2 records are involved, we will provide the applicable advance notice and choice before fundraising uses.

4. Additional protections for substance use disorder records

Some substance use disorder treatment records are protected by 42 CFR Part 2. If we create, receive, or maintain Part 2-protected records, we will follow applicable Part 2 consent and disclosure restrictions. In particular, we will not use or disclose such records in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order accompanied by a subpoena or comparable legal mandate. Additional Part 2 rules can limit redisclosure and require special consent or notices. This HIPAA notice is not a substitute for any separate Part 2 patient notice a covered Part 2 program must provide.

5. Your rights

Access and copies. You may request to inspect or receive a paper or electronic copy of records maintained in a designated record set. We generally respond within 30 days and may charge a reasonable cost-based fee where permitted by law.

Correction. You may ask us to amend information you believe is incorrect or incomplete. We may deny certain requests, but generally will respond in writing within 60 days, subject to a permitted extension.

Confidential contact. You may ask us to communicate with you at another address or by a different method. We will accommodate reasonable requests.

Restrictions. You may request limitations on treatment, payment or operations disclosures. We need not agree in most cases. If you pay out of pocket in full for an item or service, we generally must honor your request not to disclose that information to your health plan for payment or operations unless disclosure is required by law.

Accounting. You may request an accounting of certain disclosures over the preceding six years. One accounting in a 12-month period is free; we may charge a reasonable cost-based fee for additional requests.

Paper notice. You may receive a paper copy of this notice even if you previously accepted it electronically.

Personal representative. A person with verified legal authority to act for you, such as a health-care agent or guardian, may exercise your rights subject to law.

Complaints. You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights without retaliation. See the contact information below.

6. Health information exchanges and state-specific records

New York law may provide additional confidentiality protections for certain records, including HIV-related information, mental health information, substance use disorder treatment information and records related to minors. ModernMD will comply with applicable federal and New York laws, including any special requirements for authorizations and disclosures of sensitive information. Where a law provides greater privacy protection than HIPAA, we will follow that law.

We may report information to public health authorities, immunization registries, prescription monitoring systems, or health information exchanges where permitted or required by applicable law. Any patient choice or opt-out right depends on the program and applicable law; not every registry permits an opt-out.

7. Changes to this notice

We may change this notice and make revised terms effective for all PHI we maintain, including records created before the revision. The current notice will be available at our office, on our website, and on request. We will prominently post and make it available as required by law.

8. Questions, requests and complaints

Privacy contact: Privacy Officer

ModernMD
3256 Steinway St, 2nd Fl
Astoria, NY 11103
Phone: 646-604-8119
Website: https://modernmduc.com/

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights: 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; https://www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

9. Acknowledgment process

At the first service encounter, we will make a good-faith effort to obtain acknowledgment of receipt of this notice or document why acknowledgment could not be obtained. A patient signature is not required on this published notice; any acknowledgment may be collected separately in intake records.