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NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Adopted Under Health Insurance Portability and Accountability Act ("HIPAA")
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND YOUR CHILD MAY BE
USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

MY COMMITMENT TO PRIVACY

At Katonah Pediatric Neurology I am dedicated to maintaining the privacy of my patients' individually identifiable health information or protected health information ("PHI"). I am required by law to maintain the confidentiality of health information that identifies my patients (and the personal representatives of my patients, the parent or guardian of a minor) and to provide them with this notice and my privacy practices concerning their PHI. I am required to furnish my patients with the information on how I may use and disclose their PHI, my obligations concerning such use and disclosure, and their privacy rights concerning such information.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION

A. TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

1. **Treatment.** I may use PHI of my patients to treat them. For example, I may disclose your PHI (or your child's PHI) as follows:
 - To order laboratory tests (such as blood or urine), imaging (such as MRI or CT scan) or electrophysiological studies (EEG, EMG), which I may use the results of to help make a diagnosis.
 - To write a prescription, or I might disclose your PHI to a pharmacy when ordering medication for you.
 - To other health care providers in consultation or purposes related to their treatment of my patients.
 - To inform you of potential treatment options or alternatives or programs.
2. **Payment.** I may use PHI in order to bill and collect payment for the services provided. For example, I may disclose your PHI as follows:
 - To create invoices for services for your direct payment
 - To provide a superbill to help you seek reimbursement from your health plan.
3. **Health Care Operations.** I may use and disclose my patients' PHI to operate my business. Examples include but are not limited to the following:
 - To evaluate the quality of and to improve my care.

- To conduct cost-management and business planning activities for my practice.
- To contact you and remind you of appointments

USE AND DISCLOSURE OF PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which I may use or disclose individually identifiable health information to public health authorities or others that are authorized by law to collect such information:

1. Public Health Risks (e.g., reporting reactions to drugs or medical devices, reporting suspected child abuse or to prevent or control disease, injury or disability).
2. Health Oversight Activities (e.g., audits by health authorities or medical board).
3. Court orders or legal proceedings.
4. Law enforcement (e.g., regarding criminal conduct in my office, in response to warrant).
5. Coroners or medical examiners, as required.
6. Workers' compensation claims, if applicable.
7. Appointment reminders or health-related services (e.g., notifying you of treatment options).
8. Victims of Abuse, Neglect or Domestic Violence. As a mandated reporter I may disclose personal health information about a child whom I reasonably believe to be a victim of abuse, neglect, exploitation or domestic violence to a government authority.
9. Compliance.

YOUR RIGHTS REGARDING YOUR CHILD'S HEALTH INFORMATION

- Confidential Communications. I will use the secure messaging through the client portal unless there is a specific written request for another means of communication.
- Requesting Restrictions. You have the right to request a restriction in my use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that I restrict my disclosure of your PHI to only certain individuals involved in your care or the payment for care, such as family members and friends. **Generally, I am not required to agree to your request, but, if I do agree, I am bound by our agreement, except when otherwise required by law, in emergencies, or when the information is necessary for treatment.** I must honor your request to restrict disclosure to a health plan since you will pay your bill without use of insurance. In order

to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Katonah Pediatric Neurology. Your request must describe in a clear and concise fashion:

- the information that you wish to be restricted;
- whether you are requesting to limit my practice's use, disclosure or both; and
- to whom you want the limits to apply.

- Access to Records: You can request to inspect and obtain a copy of your child's medical records (which will be maintained in an electronic form.)
- Correct Records: You can request corrections to your child's records. Requests may be denied if in my opinion the information is for example, accurate and complete or not part of the PHI kept by or for my practice. Requests must be made within 30 days of the visit.
- List of Disclosures: You can request a list of non-routine disclosures made of your PHI made for non-treatment, non-payment or non-operating purposes disclosures made. All request must include a specific time frame for a maximum of six years.
- Right to a Paper Copy of Get This Notice: You can request a paper copy at any time.
- Breach Notification: If your child's health information is improperly accessed or shared, I will notify you within 60 days, as required by law.
- Marketing or Sale of Information: I will not use or sell your child's health information for marketing or profit.

Effective Date: October 11, 2025