

# Your Information. Your Rights. Our Responsibilities.

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.

Effective Date: January 1, 2026

## Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- Request restrictions on sharing with health plans when you pay out-of-pocket in full

► See page 2 for more information on these rights and how to exercise them

## Your Choices

You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health and psychiatric care
- Share psychotherapy notes (requires written authorization)
- Share substance use disorder (SUD) treatment records
- Market our services and sell your information
- Raise funds
- Share information about reproductive health care

► See page 3 for more information on these choices and how to exercise them

## Our Uses & Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

► See pages 3 and 4 for more information on these uses and disclosures

**2026 Updates to This Notice:** This notice reflects recent federal and New York State privacy law changes, including enhanced protections for reproductive health care information (45 CFR §164.502(a)(5)(iii)), updated SUD record protections under 42 CFR Part 2 (aligned with HIPAA as of 2024), and New York Mental Hygiene Law confidentiality requirements. It also reflects the 21st Century Cures Act information-blocking rules.

### Dr. Iospa Psychiatry Consulting PC

• 28 W 44th Street, Ste 714, New York, NY 10036

• Phone: (646) 383-7575

• Website: <https://driospa.com>

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<p><b>Get an electronic or paper copy of your medical record</b></p>	<p>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</p> <p>We will provide a copy or a summary usually within <b>30 days</b> of your request. We may charge a reasonable, cost-based fee. Under the 21st Century Cures Act, we cannot block your access to your electronic health information.</p>
<p><b>Ask us to correct your medical record</b></p>	<p>You can ask us to correct health information about you that you think is incorrect or incomplete.</p> <p>We may say "no" to your request, but we'll tell you why in writing within <b>60 days</b>.</p>
<p><b>Request confidential communications</b></p>	<p>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests. For telehealth patients, you may designate a preferred secure communication method.</p>
<p><b>Ask us to limit what we use or share</b></p>	<p>You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree and may say "no" if it would affect your care.</p> <p>If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say "yes" unless a law requires us to share that information.</p>
<p><b>Get a list of those with whom we've shared information</b></p>	<p>You can ask for an accounting of the times we've shared your health information for <b>six years</b> prior to the date you ask, who we shared it with, and why.</p> <p>We will include all disclosures except those for treatment, payment, and health care operations. We'll provide one accounting per year for free but may charge a fee for additional requests within 12 months.</p>
<p><b>Get a copy of this privacy notice</b></p>	<p>You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly. The current version is also available at <a href="https://driospa.com">https://driospa.com</a>.</p>
<p><b>Choose someone to act for you</b></p>	<p>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will verify their authority before taking any action.</p>
<p><b>File a complaint if you feel your rights are violated</b></p>	<p>You can contact our Privacy Officer at (646) 383-7575 or <a href="https://driospa.com">https://driospa.com</a>.</p> <p>You may also file a complaint with the <b>U.S. Department of Health and Human Services Office for Civil Rights</b>: 200 Independence Avenue, S.W., Washington, D.C. 20201 • 1-877-696-6775 • <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></p> <p><b>We will never retaliate against you for filing a complaint.</b></p>

**New York State Rights:** Under New York Mental Hygiene Law §33.13 and New York Public Health Law §17, you have additional confidentiality protections for mental health and psychiatric records. You may request that your records not be shared with certain third parties unless you provide specific written authorization.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference, talk to us — we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference (e.g., if you are unconscious), we may share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

**We NEVER share your information unless you give us written authorization:**

- **Psychotherapy notes** — notes recorded by your mental health provider in private sessions require your separate written authorization for any disclosure.
- **Marketing purposes** — we will never use your information for marketing without your explicit written consent.
- **Sale of your information**
- **Reproductive health care information** — under the 2024 HIPAA Privacy Rule update (45 CFR §164.502(a)(5)(iii)), we are prohibited from disclosing your reproductive health information to investigate or impose liability for seeking or obtaining lawful reproductive health care.
- **Substance use disorder (SUD) treatment records** — protected under 42 CFR Part 2 (updated 2024 to align with HIPAA) and require your separate written consent for most disclosures.

**In the case of fundraising:**

We may contact you for fundraising efforts, but you can tell us not to contact you again at any time.

## Our Uses and Disclosures

How do we typically use or share your health information?

<p><b>Treat you</b></p>	<p>We can use your health information and share it with other professionals who are treating you.</p> <p><i>Example: A psychiatrist treating you for depression coordinates with your primary care physician about your overall health condition.</i></p>
<p><b>Run our organization</b></p>	<p>We can use and share your health information to run our practice, improve your care, and contact you when necessary, including appointment reminders and telehealth scheduling.</p> <p><i>Example: We use health information to manage your treatment plan and coordinate services across our multidisciplinary team.</i></p>
<p><b>Bill for your services</b></p>	<p>We can use and share your health information to bill and get payment from health plans or other entities.</p> <p><i>Example: We provide information to your health insurance plan so it will pay for your psychiatric services.</i></p>

## Our Uses and Disclosures (continued)

We are allowed or required to share your information in other ways that contribute to the public good. We must meet many legal conditions before sharing for these purposes. For more information:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

<p><b>Help with public health and safety issues</b></p>	<p>We can share health information about you for situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul> <p><i>Note: New York State mandatory reporting laws for mental health professionals may require certain disclosures regardless of your authorization.</i></p>
<p><b>Do research</b></p>	<p>We can use or share your information for health research when an institutional review board or privacy board has determined that proper privacy protections are in place.</p>
<p><b>Comply with the law</b></p>	<p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to verify compliance with federal privacy law.</p>
<p><b>Respond to organ and tissue donation requests</b></p>	<p>We can share health information about you with organ procurement organizations.</p>
<p><b>Work with a medical examiner or funeral director</b></p>	<p>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</p>
<p><b>Address workers' compensation, law enforcement, and other government requests</b></p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<p><b>Respond to lawsuits and legal actions</b></p>	<p>We can share health information about you in response to a court or administrative order, or in response to a subpoena. We will make reasonable efforts to notify you or seek a protective order before complying with a subpoena.</p>

**Special Note for Psychiatric & Mental Health Records:** Under New York Mental Hygiene Law §33.13, your mental health records carry stronger protections than general medical records. Law enforcement and legal subpoenas for psychiatric records are subject to additional judicial review in New York State. We will assert all available protections on your behalf.

## Our Responsibilities

---

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, in accordance with the HIPAA Breach Notification Rule (45 CFR §§164.400–414).
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will not condition your treatment, payment, enrollment, or eligibility for benefits on whether you provide an authorization (except in limited circumstances permitted by law).
- We maintain reasonable administrative, technical, and physical safeguards to protect the privacy and security of your health information, including information transmitted via telehealth platforms.
- We will train all staff who handle your health information on our privacy policies and procedures.
- We will designate a Privacy Officer responsible for ensuring compliance with this notice and applicable law.

**Changes to the Terms of This Notice:** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website at <https://driospa.com>. If we make material changes affecting your rights, we will make reasonable efforts to notify active patients directly.

For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html)

## This Notice of Privacy Practices Applies To:

---

### **Dr. Iospa Psychiatry Consulting PC**

28 W 44th Street, Suite 714, New York, NY 10036

Phone: (646) 383-7575 • Website: <https://driospa.com>

Telehealth Services Available Statewide in New York, New Jersey, Florida

This notice covers all providers, staff, and business associates operating under or affiliated with Dr. Iospa Psychiatry Consulting PC. All affiliated providers follow the same privacy practices described in this notice.

**Privacy Officer Contact:** For privacy-related questions, complaints, or to exercise any of your rights, contact our office at (646) 383-7575 or via <https://driospa.com>.

*Effective Date: January 1, 2026 • Supersedes all prior versions*