



Privacy Policy

Michael J. Robertson Jr., Nurse Practitioner in Family Health, PLLC (d/b/a Luminescence Aesthetics) and its staff are dedicated to maintaining the privacy of your patient information in accordance with applicable law. This document describes how your patient information may be used and disclosed and how you can obtain access to this information.

A. **Disclosures of Medical Information.** We may disclose your patient information for the reasons listed below. In any other circumstance, we will not disclose your patient information without your written consent.

1. **Treatment.** We may disclose your patient information to a physician or other health care provider providing treatment to you. For example, we may disclose patient information about you to physicians, nurses, technicians or personnel who are involved with the administration of your care.

2. **Direct Contact with You.** We may use your patient information to contact you to remind you that you have an appointment, or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

3. **Emergency Treatment.** We may disclose your patient information if you require emergency treatment or are unable to communicate with us.

4. **Our Operational Matters.** We may disclose your patient information in connection with our operational matters. These operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. For example, we may use your patient information to evaluate the performance of the health care services you received. We may also provide your patient information to accountants, attorneys, consultants and others to make sure we comply with the laws that govern us.

5. **Family and Friends.** We may disclose your patient information to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you object. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.

6. **Required by Law.** We may disclose your patient information for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect or domestic violence; to report certain injuries such as gunshot wounds; or to disclose patient information to assist law enforcement in locating a suspect, fugitive, material witness or missing person. In addition, we may provide patient information to comply with an order in a legal or administrative proceeding, subpoena discovery request or other lawful process.

7. **Serious Threat to Health or Safety.** We may disclose your patient information if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.

8. **Public Health.** We may disclose your patient information to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data.



9. **Health Oversight Activities.** We may disclose your patient information to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws.

B. **Your Rights.**

1. **Copy of this Notice.** Upon request, we will provide you with a paper copy of this Notice upon request.

2. **Access to Your Patient Information.** You have a right to inspect and copy your patient information for as long as we maintain your medical record. You must make a written request for access to the [Privacy/Compliance Officer] at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record pursuant to New York Public Health Law Section 17. In certain circumstances we may deny your request to access your patient information, and you may request that we reconsider our denial. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request and the denial.

C. **Changes to this Notice.** We reserve the right to change this Notice at any time in accordance with applicable law. Prior to a substantial change to this Notice related to the uses or disclosures of your patient information, your rights or our duties, we will revise and distribute this Notice.

D. **Questions and Complaints.** If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your patient information, you may complain to us by contacting the [Privacy/Compliance Officer] at the address and phone number at the end of this Notice. We will not retaliate in any way if you choose to file a complaint with us.

Please direct any of your questions or complaints to:

Michael J. Robertson Jr

2372 Sweet Home Road STE 5

Amherst, New York 14228

This notice is effective January 20th, 2021.