

# Orthopaedic Associates of Rochester, P.C.

## Notice of Privacy Practices

This NOTICE describes how medical information about you may be used and disclosed, and how you can get access to your information. If you have any questions about this NOTICE, please contact our Privacy Officer, who is also our Practice Administrator, at 585-723-2813, or by writing Administrator, OAR, 2410 Ridgeway Avenue, Rochester, NY 14626.

“Protected Health Information” (PHI) 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 condition, and related health care services. 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 PHI.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. Any new notice will be effective for all PHI that we maintain at that time. We will provide you with any revised Notice of Privacy Practices.

### I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

Your PHI may be used and disclosed by your physician, our office staff, and others outside our office that are involved in your care, for the purpose of providing health care services to you. Your PHI may also be used and disclosed to secure payment for your health care services, and to facilitate the business operations of this orthopaedic practice.

Following are examples of the some uses of your PHI. These examples are not meant to be exhaustive, but to describe the types of uses that may be made by our office.

**TREATMENT:** We will use your PHI to provide, coordinate, or manage your health care and any related services. 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 PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care for you. We may disclose PHI to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to insure that that physician has the necessary information to diagnose and/or treat you. Additionally, we may disclose your PHI to another health care provider who, at the request of your primary or specialty care physician, becomes involved in your care.

**PAYMENT:** Your PHI may be used to obtain payment for your health care services. This may include activities that your health insurance provider may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**HEALTHCARE OPERATIONS:** We may use your PHI in order to support the business activities of this medical practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, we may disclose your PHI to medical students that see patients in our office. We may call your name in the waiting room when your doctor is ready to see you. We may use your PHI to contact you to remind you of your appointment, which may involve sending appointment reminder calls or contacting you by telephone.

We may share your PHI with third party “business associates” that perform various activities (e.g. transcription services, answering service, medical equipment suppliers, revenue recovery programs) for our group. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also use your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

#### USES AND DISCLOSURES OF PHI BASED ON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time in writing, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

We may use or disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In any case, only the minimum necessary PHI that is relevant to your health care will be disclosed.

Others involved in your Health Care: Unless you object, we may disclose to a relative, a close friend or any other person you identify, your PHI 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 on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or condition. We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts, and to coordinate uses and disclosures to family or other individuals involved in your health care.

EMERGENCIES: We may use or disclose your PHI in an emergency treatment situation. This may include, but not be limited to the disclosure of PHI by an answering service used to relay PHI for the physician on call.

Communication barriers: We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain authorization from you but is unable to do so due to substantial communication barriers, and the physician determines, using professional judgment, that you intend to use or disclose PHI under the circumstances.

## OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR NOTIFICATION OR AUTHORIZATION

We may use or disclose your PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with the law and is limited to the relevant requirements of such law. Examples of instances in which we are required to disclose your PHI include (but are not limited to): (a) public health activities including preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury in order to comply with Federal or State law; (b) disclosures regarding victims of abuse, neglect or domestic violence including reporting to social service or protective service agencies; (c) health oversight activities including audits, civil licensure or disciplinary action, civil, administrative or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (d) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (f) disclosures about decedents for the purposes of cadaver donation of organs, eyes, or tissues; (g) for research purposes under certain conditions; (h) to avert a serious threat to health or safety; (i) military and veterans activities; (j) national security and intelligence activities, protective services for elected officials and others; (k) medical suitability determinations by entities that are components of the Department of State; (l) correctional institutions and other law enforcement custodial situations; (m) covered entities that are government programs providing public benefits, and for workers' compensation.

## II. YOUR RIGHTS WITH RESPECT TO YOUR PHI.

Under HIPAA, you have certain rights regarding your Protected Health Information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

**Restrictions:** You have the right to request, in writing, that we not use or disclose any part of your PHI for the purpose of treatment, payment or healthcare business operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care, instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance, permitting other persons to act on your behalf to pick up prescriptions, medical supplies, X-rays, or other similar forms of PHI, or disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Your physician is not required to agree to a restriction that you may request. If the physician believes that it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does not agree to the requested restriction, we may not use or disclose your PHI 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 have the right to inspect and request a copy of your PHI. Your designated medical record set is a group of records which we maintain that includes medical records and billing records

about you, payments, claims adjudication, and case or medical management record systems, as applicable. You have the right of access in order to inspect and obtain a copy of your PHI contained in your designated record set, except for (a) psychotherapy notes; (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. This means you may request, in writing, to inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. You will be charged according to applicable laws. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You may have the right to amend your personal health information. This means you may request, in writing, an amendment of PHI about you in a designated record set for as long as we maintain this information. We have the right to deny your request for amendment if: (a) we determine that the information or record that is the subject of the request was not created by us; (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. 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. All requests for amendment shall be sent in writing to the Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also 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. We will not request an explanation from you as to the basis for the request. Please make this request in writing to the Privacy Officer.

You have the right to receive an accounting of disclosures of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare business operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you for a facility directory or persons involved in your care, for national security or intelligence purposes, to correctional institutions, and disclosures made prior to April 14, 2003. All requests shall be made in writing and sent to the Privacy Officer.

### III. COMPLAINTS

You may file a complaint with the Privacy Officer and with the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may submit your complaint in writing to the Privacy Officer. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Notice. A complaint must be received by us or filed with the Secretary of Health and Human Services within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint. You may contact our Privacy Officer for further information about the complaint process.

Privacy Officer, Orthopaedic Associates of Rochester, 2410 Ridgeway Avenue, Rochester 14626