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SUMMARY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction: At University Orthopaedics, P.C., we are committed to responsibly treating and using your protected health information. This notice of health information practices describes the personal information we collect, and how and when we use or disclose that information. This notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information: Each time you visit University Orthopaedics, P.C., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving public health
- source of data for our planning and marketing
- tool to assess and continually improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, understand who may access your health information, and make informed decisions when authorizing disclosure to others.

Your Health Information Rights: Although your health record is the physical property of University Orthopaedics, P.C., the information belongs to you. You have the right to:

- obtain a paper copy of this notice of information practices
- inspect and copy your health record as per in 45 CFR 164.524
- amend your health record as per in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as per in 45 CFR 164.528

- request communications of your health information by alternative means or at alternative locations
- request a restriction on certain uses and disclosures of your information as per in 45 CFR 164.522
- revoke your authorization to use or disclose information except to the extent that it has occurred

Our Responsibilities: University Orthopaedics, P.C. is required to:

- maintain the privacy of your health information
- provide you with this notice about our legal duties and privacy practices regarding your information
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate your requests to communicate information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail or email a revised notice to you. We will not use or disclose your health information with your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization.

For More Information or to Report a Problem: If you have questions or would like additional information, you may contact our privacy officer at (914)789-2764. If you believe your privacy rights have been violated, you can file a complaint with our privacy officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Office for Civil Rights
 U.S. Department of Health and Human Services
 Jacob Javitts Federal Building
 26 Federal Plaza - Suite 3312
 New York NY 10278
OCRComplaint@hhs.gov

Examples of Disclosures for Treatment, Payment, and Health Operations:

We will use your health information for **treatment**. For example, information obtained by a nurse, physician, or other member of your healthcare team will be added to your record and used to determine your treatment. Your physician will document the expectations of your healthcare team, and they will record the actions they took and their observations. This helps your physician to track your response to treatment.

We will use your health information for **payment**. For example, a bill may be sent to you or a third-party payer. The bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular **health operations**. For example, members of the medical staff, the risk or quality improvement manager, or other team members may use information in your health record to assess the care and outcomes in your case and others like it. This information is used to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use for your health record. When these services are contracted, we may disclose your health information to our business associate so they can bill you or your third-party payer. We require the business associate to safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals may disclose to a family member, close personal friend, or other person you identify, health information relevant to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law.

Organ procurement: Consistent with applicable law, we may disclose health information to organ procurement professionals engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing or fundraising: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, or as part of a fundraising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information about adverse events related to food, supplements, products and product defects, or post-marketing monitoring information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose health information as authorized and necessary to comply with laws relating to workers' compensation or other programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a subpoena.

Federal law provides for release of your health information to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

A copy of the comprehensive "Notice of Privacy Practices" is available at the reception area.

Please complete the "Acknowledgment of Receipt of Notice of Privacy Practices" contained in the comprehensive version and return it to the receptionist.

Thank you.