

**GENESEE ORTHOPEDIC & PLASTIC SURGERY ASSOCIATES, P.C.**  
**HIPAA / PATIENT PRIVACY REGULATIONS / NOTICE OF PRIVACY PRACTICES**

**Please review carefully**

This notice of privacy practice describes how we may use or disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practice. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practice.

**FROM THIS POINT ON, PROTECTED HEALTH INFORMATION WILL BE REFERRED TO AS PHI.**

**1. USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION**

You will be asked if you have received and reviewed our HIPAA Privacy Practice Statement, and then asked a series of questions. Once this is complete, you will be asked to sign an electronic signature pad consenting to use & disclosure of your PHI for treatment, payment and health care operations. By signing this signature pad, our practice will use and disclose your PHI as described in this section. Your PHI may be used & disclosed by the practice, its staff members and others outside the office that are involved in your care & treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the practice. Following are examples of the uses & disclosures of your PHI that this office, Genesee Orthopedic & Plastic Surgery Associates, P.C., is permitted to make once you have signed your electronic signature on the pad. These examples are meant to describe some of the types of uses & disclosures that may be made by this office, but certainly do not represent all the types of uses or disclosures.

**TREATMENT**

We will use & disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination of management of your health care with a third party that has already 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 to you. Also, to other physicians who may be treating you when we have your permission to do so. An example of this would be disclosure of your PHI to the physician who referred you to this practice. We, at times, may also disclose your PHI to another physician or health care provider such as a physical therapist, laboratory, x-ray or imaging facility, or to another specialist who may become involved in your care.

**PAYMENT**

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your insurance plan may undertake before it approves or pays for any services we may render or may recommend for you including but not limited to surgical procedures, x-rays, diagnostic testing, physical therapy and hospital admissions. We have implemented all known standards for claims transmissions to protect your privacy.

**HEALTH CARE OPERATION**

We keep your records by electronic format. We do NOT keep anyone's medical records on the web. Our office policy requires us to keep a picture I.D. on file. We may use & disclose your PHI to support the business aspect of this office. Examples of this includes but are not limited to the use of a sign in sheet at the reception desk, calling your name in the waiting room, or contacting you to remind you of an appointment. We may also disclose your information to a medical student that sees patients in our office. We will share your PHI with third party "Business Associates" that may perform various activities for the office such as transcription or billing services. Whenever an arrangement between our office & a business associate involves the use or disclosure of your PHI, we will have a contract that contains terms that will protect the privacy of your PHI. We may also use or disclose your PHI to provide you with information about treatments or other health services that may be of interest to you, as well as for marketing practice services to you by means of newsletters or brochures.

**USE & DISCLOSURE OF PHI BASED ON YOUR WRITTEN CONSENT**

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

**OTHER PERMITTED OR REQUIRED USES OR DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use and disclose your PHI in the following instances listed. You have the opportunity to agree or object to all or part of these uses and disclosures. If you are not present or able to agree or object, then our office, using professional judgement, may determine whether the use or disclosure is in your best interest.

We may disclose to a family member, relative, friend or any other person you identify, your PHI that directly relates to that persons' involvement in your care. We may use or disclose your PHI in case of a communications barrier, as well as in case of an emergency.

**OTHER PERMITTED OR REQUIRED USES OR DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

PHI that is required by law will be used and disclosed in compliance with the regulations and will be limited to the relevant requirements. You will be notified, as required by law, of any such circumstances. Examples of these include but are not limited to:

- Reporting of communicable diseases
- Health oversight such as audits, investigations, and inspections by government agencies
- Reporting of child abuse or neglect
- Adverse events reporting to the FDA for product defects, problems, biologic product deviations, product recalls or to make repairs or replace products
- As required in the course of any judicial or administrative proceeding, in response to an order, complaint or administrative tribunal, subpoena discovery request or other lawful proceeding
- To law enforcement agencies, coroners, funeral directors, military agencies and Worker's Compensation Board
- We are also required by law to make disclosures to you and when required by the Secretary of the Department of Health & Human Services to investigate or determine compliance

**2. YOUR RIGHTS**

-You have the right to inspect & obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. Under Federal law, however, you may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of or use in civil, criminal or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. A decision to deny access may be reviewable.

-You have the right to ask us not to use or disclose any or part of your PHI for the purpose of treatment, payment or health care operations. You may also request that any or part of your PHI not be disclosed to family or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. Requests must be made in writing. The practice is not required to agree to a restriction it deems is not in your best interest. You must discuss this restriction with your practice physician.

-You have the right to request to receive confidential communications from us by alternative means or at an alternative location

-You have the right to ask for an accounting of certain disclosures we have made, if any

**3. COMPLAINTS**

You may complain to the practice manager, a member of the staff, or to the Secretary of Health & Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

**Effective Date:** This notice is effective on or after November 19, 2015.