

Effective Date of this Notice: 4/14/03

ORTHOPEDIC ASSOCIATES OF LONG ISLAND,LLP

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

STEPHEN GOLDSTEIN
PRACTICE ADMINISTRATOR
6 TECHNOLOGY DRIVE, EAST SETAUKET
631.689.6698

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C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment.** Our practice may use your IIHI to treat you. For example, ordering or using the results of tests, writing prescriptions.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services provided.. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. As example would be to evaluate the quality of care you received from us. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders/ Treatment Options/Health Related Benefits and Services.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment or potential treatment options or other health related benefits or services.
7. **Release of Information to Family/Friends or disclosures Required by Law.** Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. We may also disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Examples are drug reactions, device recalls or required notifications if child or adult abuse is observed
2. **Health Oversight Activities of Government Agencies.** Examples are audits, investigations, surveys.
3. **Lawsuits and Similar Proceedings/Activities of Law Enforcement Officials.** Our practice may use and disclose your IIHI in response to a court or administrative order, or by law enforcement officials in specific circumstances.
4. **Organ and Tissue Donation.** Our practice will do what is necessary, if you are an organ donor, to assist others in fulfilling your desire concerning organ or tissue donation and transportation.
5. **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research

purposes except when an IRB or Privacy Board has determined that the waiver of your authorization satisfies the law.

6. Serious Threats to Health or Safety. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

7. Military Issues or National Security. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) or to federal officials for intelligence activities if required by the lawful orders of appropriate authorities.

8. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

9. Workers' Compensation, No Fault

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you. All requests for information or changes in this section should be made in writing to the Privacy Officer listed in section B above.

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. You must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care. **We are not required to agree to your request.** Your request must describe in a clear and concise fashion: the information you wish restricted; whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records. Our practice may charge a fee for the costs of mailing records or copying x-rays

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if it is not in writing or we determine that the information is: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." This is a list of certain non-routine disclosures our practice has made of your IIHI

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for non-treatment or operations purposes. Use of your IIIHI as part of treatment, payment, health care operations is not required to be documented. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer named above. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.