

**Capital Region Orthopaedic Associates  
The Bone & Joint Center**

**Notice of Privacy Practices**

The following is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**This notice describes how medical and health information about you  
maybe used or disclosed and how you can get access to this information.  
Please review this document and its contents carefully.**

The Capital Region Orthopaedic Associates respects the privacy of your protected health information (PHI) and we are committed to maximizing patient confidentiality. This notice describes your rights and the obligations regarding your health information and also informs you about the possible uses and disclosures of your protected health information by our organization. This notice applies to all health and business information records whether in paper and electronic format, as this information is related to your care that we have either received or created. It extends to information received or created by employees and staff including physicians and other healthcare practitioners practicing in the medical group and at our satellite facilities. The Capital Region Orthopaedic Associates includes; the Bone and Joint Center, the Spine Center, the Orthopaedic Urgent Care Center and the Sports Medicine Center. The entities covered under and by this notice may share your health information as necessary for treatment, payment and or functions associated with your care. Your healthcare information will be made available to those providers with whom you have a treatment relationship through electronic databases that are shared between the medical group and other local care providers. These databases facilitate our ability to exchange your health information across the care continuum that supports patient health needs at a point of care/treatment and by providing immediate, direct and ongoing links between patients, their complete health records and their attending provider(s). Your health information will automatically be shared unless you specifically request to opt out over the sharing this information.

We are required by law to maintain the privacy of your health information; to provide you this detailed notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of notice currently in effect. We realize that these laws are complicated but we must provide you with the following important information:

- How we may use and disclose your protected health information (PHI)
- Your privacy rights with regards to your PHI
- Our obligations concerning the use and disclosure of your PHI

We may change the terms of our privacy notice at any time. Upon your request, we will provide you with any revised notice of privacy, upon request. This request can be made by calling the compliance officer, a written request received by mail or by asking for the notice at time of your next appointment. A copy of the current patient rights and privacy notice will be displayed in our office at all times.

If you have questions regarding this notice please contact: Compliance Officer, Capital Region Orthopaedic Associates, 1367 Washington Avenue, Albany, New York 12206.

## Uses and disclosures of protected health information

**Treatment:** We will use and disclosure health information to provide, coordinate, or manage healthcare and any related treatment. Your health information may be utilized by physicians and other health related professionals who are involved with your care. This includes the coordination or management of your healthcare with a third party for treatment purposes. For example, we may share health information with a pharmacist or pharmacy to fill a prescription ordered by your doctor. We may also disclose information to individuals or facilities that are involved in your care such as a physical therapy, home healthcare agency, another hospital or hospice. Disclosure of your PHI to other healthcare providers will be done for the purposes related to your treatment.

**Payment:** We may use or disclosure health information in situations to invoice for services and receive payment for the treatment or services you received. For billing and payment purposes, we may disclose your protected health information to your representative, and insurance or managed care company, Medicare, Medicaid or another third-party payer. In selected circumstances, we will honor your request to restrict that disclosure to your health plan, as it relates to the treatment for which you paid yourself.

**Healthcare operations:** Our practice may disclosure health information for purposes to operate our business. Examples include monitoring the quality of care provided, analyzing for purposes to improve quality of care and/or plan for services and in evaluating our employees. We may also disclose your PHI information to other healthcare providers and entities to assist in their healthcare operations. Your patient information is held in our electronic health record (EHR), this information is referred to as electronic protected health information (ePHR).

**Appointment reminders:** Our practice may use and disclosure PHI to contact you and remind you of an appointment.

**Health related benefits and services:** We may use and disclose your information to inform you of health related information that may be of interest to you. We will not sell your protected health information to an outside entity or permit such external entities to access your information for purposes of informing you of health related benefits and services.

**Release of information to family and friends:** We may disclose to a member of your family, a relative, a close friend or any other person that you identify as authorized to view, receive or have disclosed to. If you are unable to agree or object to such disclosure(s), we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgement.

**Disclosure as required by law:** We will release your information when we are required to do so by local, state or federal law.

## Use and disclosure of your PHI and special circumstances

**Public health activities:** We may disclose your information for purposes of public health or public health activities. These activities may include a government agency for the purpose of preventing or controlling a disease, injury, reporting child abuse or neglect, reporting to the Federal Food and Drug Administration (FDA) concerning issues related to products or recalls, notifying of a person exposed to or at risk for spreading a communicable disease or other mandated reporting activities.

**Required by law:** We may use or disclose your protected health information to the extent that the use and disclosure is required by law. This use and disclosure will be made in compliance with the law.

**Law enforcement or criminal activity:** We may disclose your health information for certain law enforcement purposes including to comply with reporting requirements or report emergencies or suspicious deaths; to comply with a court order, warrant or similar law enforcement legal process; to identify or locate a suspect or missing person; or, to answer certain requests for information concerning crimes or suspected terrorist activity.

**Judicial and administrative proceedings:** We may disclose your health information in response to a court order or administrative order. We may also disclose information for a subpoena, discovery request or other law process. Efforts will be made to contact you about these requests or to obtain an order of agreement protecting the information.

**Research:** Your health information may be used for research purposes, but only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board and if the Researcher is collecting information in preparing for a research proposal, if the research occurs after your death or if you authorize the use and disclosure.

**Worker's Compensation:** We may use or disclose your information to comply with laws related to workman's compensation programs or similar programs.

**Reporting of victims of abuse, neglect or domestic violence:** If we believe that you have been a victim of abuse, neglect or domestic violence we may use and disclose your protected health information to notify a government authority, if allowed by law or if you agree to this use and disclosure.

**National security:** We may disclose health information to authorized federal officials conducting national security and/or intelligence activities as needed to protect the public, in the performance of their authorized duties.

**Inmates:** We may use or disclose your health information to the correctional institution or the authorized official who you are under the custody of.

**Serious threats to health or safety:** When necessary to prevent a serious threat to your health or safety or the health and safety of the public, we may use or disclose your protected health information, limiting the use and disclosure to an entity which is able to help lessen or prevent the threatened harm.

**Business Associates:** We provide some services through business associates. We may disclose your protected health information to our business associates so that they can perform services/activities which we have asked them to. To protect your health information, all business associates are required to follow the same rules to assure your information's privacy and security.

### **Your authorization is required for other uses of your protected health information (PHI)**

Except as described in this notice or as prescribed by state and/or federal law, we will use and disclosure health information only with written authorization. While we are allowed to use or disclosure health information for treatment, payment and healthcare operations as well as other specific purposes permitted by law, an authorization must specify other particular uses or disclosures that you allow us to release your PHI information. For example your authorization will be required for use or disclosure of psychotherapy

notes, for uses and disclosures for marketing purposes, including subsidize treatment communications, for the sale of your protected health information or for other reasons that are not described. You may also revoke and authorization to use or disclose health information, in writing, at any time. If you read folk and authorization, we will no longer use or disclosure health information for purposes covered by that authorization except where we have already relied on your authorization.

## **Your rights regarding your protected health information (PHI)**

Your protected health information and health records are the physical property of your healthcare provider. However you have the following rights with regards to this information contained in your medical records and related protected health information:

- Right to confidential communications - You have the right to request that our practice communicate to you about your health and related information in a specific manner or at a certain specified location. An example, you may ask us that we contact you at home rather than work. In order to assure that we are communicating with you in the manner that you would like, you must make a written request to your practice specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate all reasonable requests. You do not need to give a reason for your request.
- Right to request restrictions - You have the right to request restrictions on the use or disclosure of your health information for treatment, payment or healthcare operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend other person was involved in your care or the payment for your care. Please note that we are not required to agree to your requested restriction (unless it relates to disclosure to a health plan for the purpose other than treatment or required by law and it pertains solely to the healthcare item or service for which paid for your out of pocket expense). If we do accept your restrictions, we will comply with the request except as needed to provide you emergency treatment and in certain other instances.
- Right of access to protected health information - You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care. In most cases, we may charge a reasonable fee for our cost of copying and mailing your requested information to you.
- Right to request amendment – You have the right to request amendments of your health information maintained by the practice for as long as the information is kept by the practice. Your request must be made in writing and must state the reason for the requested amendment. We may deny the request for amendment if the information; was not created by the practice, unless the origin of the information is no longer available to act on your request; is not part of the health information maintained by or for the practice; is not part of the information to which you have a right of access; or is already accurate and complete as determined by the practice.
- Right to an accounting of disclosures - You have the right to request an accounting of certain disclosures of your health information. This is a listing of disclosures made by the practice or by others on our behalf. We may provide you with either an accounting of disclosures made by business associates that act on our behalf or a list of our business associates that includes contact information. The accounting does not include disclosures that you authorized or certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time frame for

the disclosure requested. An accounting will include, if requested disclosure date; the name of the person or entity that received the information, their address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request or certain summary information concerning multiple disclosures. The first accounting provided within a 12 month period will be free; for further request, we may charge you an amount that covers our costs or as authorized by state law/regulations.

- Right to a copy of this notice – You have the right to obtain a paper copy of this privacy of notice. To obtain a copy of this notice, please write to the Compliance Officer, Capital Region Orthopaedic Associates, 1367 Washington Ave., New York 12206.
- Right to provide an authorization for other uses and disclosures - Our practice will obtain written authorization for use and disclosure of your protected health information 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 personal protected health information may be revoked at any time in writing. After revoke of your authorization, we no longer can use or disclosure of protected health information for the reasons described in the authorization. Please note we are required to maintain records of your care, per state regulations.
- Right to be notified of a breach - we will notify you in the event of unauthorized acquisition, access, use or disclosure of your protected health information that compromises security or privacy of such information, subject to certain exceptions provided by law.

Under federal law, you may not inspect a copy the following records; psychotherapy notes; information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding. In some instances, you may have the right to have this decision reviewed. Please contact our compliance officer you have questions about access to your medical records.

**Complaints:** If you believe that your privacy rights have been violated, you may file a complaint, in writing, with the practice or with the Office of Civil Rights in the US Department of Health and Human Services, Washington DC. To file a complaint with the medical practice, please contact the HIPAA Compliance Officer in Administration address: 1367 Washington Avenue, Albany, New York 12206 or by calling 518 – 292 – 2646. The practice will not retaliate against you for filing a complaint.

### **Changes to this notice**

We will promptly revise and distribute this notice whenever there is material change to the uses or disclosures of health information, your individual rights, our legal duties or other privacy practices stated in this notice. We reserve the right to change this notice and to make the revised or new notice provisions effective for all health information already received and maintained by the practice, as well as for all health information re-receive in the future. We will post a copy of the current notice on our website ([www.theboneandjointcenter.com](http://www.theboneandjointcenter.com) or [www.capitalregionorthopaedics.com](http://www.capitalregionorthopaedics.com)).

Effective date of this notice is: April 14, 2003

Amended and updated: July 1, 2016 to include changes that became effective September 23, 2013.