

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

TREATMENT: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of your treatment will be available in your medical record to all health professionals who may provide treatment to you or who may be consulted by staff members.

PAYMENT: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an auto insurer or from credit card companies that you may use to pay for services.

HEALTH CARE OPERATIONS: Your health information may be used as necessary to support day-to-day activities and management of Northtowns Orthopedics, P.C. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

LAW ENFORCEMENT: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the public health department.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION: Other disclosure of your health information or for uses other than those listed above, requires your specific written authorization. If you change your mind after authorizing, you may submit a written revocation of the authorization. However, your revocation will not affect or undo any use or disclosure that occurred before you notified us of your decision.

ADDITIONAL USES OF INFORMATION: Your health information will be used by our staff to send any appointment reminders deemed necessary.

INDIVIDUAL RIGHTS: You have certain rights under federal privacy standards including:

- the right to request restrictions on the use and disclosure of your health information
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your health information
- the right to request an amendment or submit a correction request to your health information
- the right to receive an accounting of how and to whom your health information was disclosed to
- the right to receive a printed copy of this notice

NORTHTOWNS ORTHOPEDICS DUTIES: We are required to maintain the privacy of your health information and to provide you with this notice of privacy practices. We reserve the right to amend or modify our privacy policies and practices. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

- You may generally inspect or copy your health information. As permitted by federal regulation, we require that such request must be submitted in writing to the attention of: RECORDS CUSTODIAN. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny your request.
- If you would like to submit a comment or complaint about our privacy practices (you will not be penalized or otherwise retaliated against for filing), you may submit a letter outlining your concerns to: Joel Farwell, Practice Manager, Northtowns Orthopedics, 4575 Main Street, Snyder, New York 14226.
- For further information concerning our privacy policies, please contact: Joel Farwell, Northtowns Orthopedics, P.C. 4575 Main Street, Snyder, New York 14226.
- The effective date of this notice is: APRIL 14, 2003.