

**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)  
Effective Date April 14, 2003  
Updated Effective August 2013*

***Garcia Plastic & Hand Surgery  
15 East Washington Street  
Glens Falls, NY 12801***

***THIS NOTICE DESCRIBES HOW  
PROTECTED HEALTH INFORMATION  
ABOUT YOU (AS A PATIENT OF THIS  
PRACTICE) MAY BE USED AND  
DISCLOSED, AND HOW YOU CAN GET  
ACCESS TO AND AMEND THIS  
PROTECTED HEALTH INFORMATION.  
YOU HAVE THE RIGHT TO APPROVE  
OR REFUSE THE RELEASE OF  
SPECIFIC INFORMATION OUTSIDE OF  
OUR PRACTICE.***

***PLEASE REVIEW THIS NOTICE  
CAREFULLY***

***IF YOU HAVE ANY QUESTIONS ABOUT  
THIS NOTICE, PLEASE CONTACT, OUR  
PRIVACY OFFICER AT (518) 793-0475.***

## A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your **protected health information (PHI)**. 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 PHI. 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 PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI 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. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

1. **Treatment.** Our practice may use your PHI to provide, co-ordinate or manage your health care and any related treatment. This includes the co-ordination or management of your health care with a third party for treatment purposes.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities.
4. **Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

## C. USE AND DISCLOSURE OF YOUR PHI 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.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information.
2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law or oversight activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.
4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official. The use or disclosure will be made in compliance with the law.
5. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
6. **Military.** Our practice may disclose your PHI if you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
7. **National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
8. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
9. **Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.
10. **Business Associates.** We may disclose your Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.
11. **Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
12. **Data Breach Notification Purposes.** We may disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
13. **Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
14. **Appointment Reminders / Treatment Alternatives / Health-Related Benefits and Services.** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
15. **Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
16. **Research.** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

## D. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

1. **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
2. **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
3. **Fundraising Activities.** We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer.

## E. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of PHI for marketing purposes; and
3. Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## F. YOUR RIGHTS IN REGARD TO YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. **Right to Request 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. In order to request a type of confidential communication, 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. **Right to Request Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing on our Restriction Request Form. Your request must describe in a clear and concise fashion:
  - a. the information you wish restricted;
  - b. whether you are requesting to limit our practice's use, disclosure or both; and
  - c. to whom you want the limits to apply.
3. **Right to Inspection and Copy.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records, but not including psychotherapy notes. You must submit your request in writing on our Right to Inspect and Copy Form in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Right to Amend.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted on our Amendment Request Form. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI 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. **Right to an Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing by using our Form—Request for Accounting of Patient Disclosure processed with all information for non-TPO purposes. 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 is free of charge, but our practice may charge you for additional lists after this original request. Our practice has 30 days to respond to your request. 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. You may ask us to give you a copy of this notice at any time.
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, request a Complaint Form from the front desk receptionists. 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 PHI may be **revoked** at any time **in writing**. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization. Please note we are required to retain records of your care.
9. **Right to a Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
10. **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
11. **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
12. **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer at (518) 793-0475.

*Thank you!*