

### PRIVACY NOTICE

**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.**

This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of PHI, to provide you with and to abide by the terms of this Privacy Notice and make a good faith effort to obtain an acknowledgment of your receipt of this Notice. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. You may obtain a revised Privacy Notice by visiting our website [www.rochestercolon.com](http://www.rochestercolon.com), or you may call the office at the phone number on this Privacy Notice and request that a revised copy be sent to you in the mail, or ask for one at the time of your next appointment.

#### **Permitted Uses and Disclosures of PHI**

Your PHI may be used and disclosed by us for the purpose of providing health care services to you. Your PHI may also be used and disclosed by us to obtain payment of your health care bills and to support the operations of our practice. Following are examples of the types of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by us.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to

diagnose or treat you.

In addition, we may disclose your PHI from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at our request, becomes involved in your care by providing assistance to us with your health care diagnosis or treatment.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility of coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging other business activities.

For example, we may disclose your PHI to medical school students who see or assist in seeing patients at our office or in the hospital. We may also call you by name in the waiting room when your physician is ready to see you.

We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

In addition, your name and address may be used to send you a newsletter about our practice and the services we offer.

#### **Uses and Disclosures of PHI Based on Your Written Authorization:**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. For example, we may not use or disclosure your PHI for marketing purposes nor may we sell your PHI without your written authorization.

#### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** 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 related 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. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location, general condition or death. We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts for the purposes of coordinating uses and disclosures to family or other individuals involved in your health care to notify them of your location, general condition or death.

#### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

**Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose your PHI to a health

oversight agency for activities authorized by law, such as audits, investigations, and inspection. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance, as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

**Research:** We may use your de-identified PHI for research purposes. We may not disclose your PHI to researchers without your authorization except when a research project meets specific, detailed criteria established by an institutional review board to ensure that the researchers' protocols will protect the privacy of your PHI.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose such information in reasonable anticipation of death. PHI may be used and disclosed for

cadaveric organ, eye or tissue donation purposes.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs for your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

**Avert a Threat to Health or Safety:** We may disclose your PHI if we believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you when required by Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **Your Rights**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record

set" contains medical and billing records and any other records that we use for making treatment decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; or PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, you may have right to appeal our decision to deny you access. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to revoke an authorization.** You may revoke any authorization you have given us, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Except as otherwise provided in this Privacy Notice, we are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If we do agree with the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You should request a restriction in writing to the Privacy Officer. However, we must agree to your request to restrict disclosure of your PHI to a health plan if the disclosure is for the purposes of obtaining payment for your health care or other operations of our practice and is not otherwise required by law AND we have been paid in full for the treatment we provided related to the PHI you have asked us not to disclose.

**You have the right to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition the accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

## PRIVACY NOTICE

### **Rochester Colon & Rectal Surgeons, PC**

**125 Lattimore Rd, Suite 270  
Rochester, NY 14620  
585-244-5670**

**1255 Portland Avenue 3<sup>rd</sup> Fl  
Rochester, NY 14621  
585-266-8401**

**121 Erie Canal Drive Suite. B  
Rochester, NY 14626  
585-225-5420**

**4500 Millennium Dr  
Geneseo NY 14454  
585-225-5420**

**3200 West St  
Canandaigua, NY 14424  
585-244-5670**



**You have the right to have us amend your protected health information.** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record. Requests for amendment of PHI must be made in writing.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosure for purposes other than treatment, payment and healthcare operations as described in this Privacy Notice. It excludes disclosure we may have made to you, to family members or designated friends involved in your care, for notification purposes, disclosures you have specifically authorized or disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials. You have the right to receive specific information regarding these disclosures that occurred after 12/1/ 2007. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us.**

#### **Breach Notification**

We must notify you if we learn that your PHI may have been subject to unauthorized acquisition, access, use or disclosure.

#### **Complaints**

If you believe we have violated your privacy, you may complain to us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer in writing of your complaint. We will not retaliate against you for filing a complaint. If you have any questions about the complaint process or any of the information contained in this Notice, you may contact our Privacy Officer at 585-244-5670.

#### **Effective Date**

This notice is effective as of 10/1/2013.  
Reviewed 11/2/14