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**HIPAA Notice of Privacy Practices**

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**Effective as of April 14, 2003 - Revised February 16, 2026**

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**Center for Advanced Ambulatory Surgery**

**4 Medical Park Drive**

**Malta, NY 12020**

**(518) 618-0743**

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**[www.advancedambulatorysurgery.com](http://www.advancedambulatorysurgery.com)**

**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 Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your health information to carry out Treatment, Payment or Health Care Operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your health information. Please review it carefully. By signing the Acknowledgement form you are only acknowledging that you received, or have been given the opportunity to receive, a copy of our Notice of Privacy Practices.**

We reserve the right to change this Notice at any time and to make the revised or changed notice effective in the future. A copy of our current notice will always be posted in the waiting area. You may also obtain your own copy by accessing our website at <https://www.theboneandjointcenter.com/about/patient-rights-privacy-notice> or calling the Privacy Officer at (518) 438-7638.

**WHAT HEALTH INFORMATION IS PROTECTED**

Some examples of health information we gather about you while providing health-related services include information indicating that you are a patient of our medical group or receiving health-related services from our facilities, information about your past, present or future physical or mental health condition, genetic information, or

information about your health care benefits under an insurance plan, each when combined with identifying information such as your name, address, social security number or phone number.

## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

There are some situations when we do not need your written authorization before using your health information or sharing it with others, including:

**Treatment:** We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, your Protected Health Information 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. Although we are not a substance use disorder (SUD) treatment program (a “Part 2” program under 42 CFR Part 2), we may receive SUD treatment records about you. We only will share SUD treatment records with your other treating professionals with your written authorization.

**Payment:** Your Protected Health Information may be used, as needed, to obtain payment for your health care services after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.

**Healthcare Operations:** We may use or disclose, as needed, your Protected Health Information in order to support the business activities of our practice, for example: quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities. If we use or disclose your Protected Health Information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

**Appointment Reminders, Treatment Alternatives, Benefits and Services:** In the course of providing treatment to you, we may use or disclose your health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Business Associate:** We may disclose your health information to contractors, agents and other “business associates” who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company, an accounting firm, or a law firm that provides professional advice to us. Business associates are required by law to abide by the HIPAA regulations. If we disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information. If our business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.

**Friends and Family Designated to be Involved in Your Care:** If you have not voiced an objection, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for your care, including following your death.

**Proof of Immunization:** We may disclose proof of immunization to a school about a student or prospective student of the school, as required by State or other law. We may obtain authorization (which may be oral) from a parent, guardian, or other person acting in loco parentis, or by the adult or emancipated minor, but we are not required to do so.

**Emergencies or Public Need:** We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you. We may use or disclose your health information in the following situations

without your authorization: as required by law, public health issues, communicable diseases, abuse, neglect or domestic violence, health oversight, lawsuits and disputes, law enforcement, to avert a serious and imminent threat to health or safety, national security and intelligence activities or protective services, military and veterans, inmates and correctional institutions, workers' compensation, coroners, medical examiners and funeral directors, organ and tissue donation, and other required uses and disclosures. We may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws. Under the law, we must also disclose your health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500. If we use or disclose your health information for any of these purposes, the use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Completely De-identified Or Partially De-Identified Information:** We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will *not* contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

**Incidental Disclosures:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussion of your health information.

**Research:** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or privacy board to ensure they have established privacy protocols in compliance with governing law.

**Redisclosure:** Please be aware that we may disclose your health information as described in this Notice. However, once information is disclosed to someone outside of our organization, it may be subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule. Certain types of information remain subject to special protections under federal or state law and may not be redisclosed without your written permission or as specifically allowed by law.

## **REQUIREMENT FOR WRITTEN AUTHORIZATION**

There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

**Psychotherapy Notes:** Except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against us), we may not use or disclose your psychotherapy notes, if any, without your written authorization.

**Marketing:** We may not disclose any of your health information for marketing purposes if our practice will receive direct or indirect financial payment not reasonably related to our practice's cost of making the communication.

**Sale of Protected Health Information:** We will not sell your Protected Health Information to third parties. The sale of health information, however, does not include a disclosure of such information for public health purposes, for research purposes where our medical group will only receive remuneration for our costs to prepare and transmit the health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of all or part

of our medical group, for a business associate or its subcontractor to perform health care functions on our medical group's behalf, or for other purposes as required and/or permitted by law.

**Reproductive Health Care:** We may not disclose any of your health information for the purposes of conducting a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or for the purposes of imposing a criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care if the reproductive health care is lawful under the laws of the state in which the care is provided.

### **SUD Records Disclosure and Protections**

Although we are not a substance use disorder (SUD) treatment program (a "Part 2" program under 42 CFR Part 2), we may receive SUD treatment records about you. The confidentiality of your SUD treatment records maintained by this facility is protected by federal law and regulations (42 CFR Part 2 and the HIPAA Privacy Rule). We may not disclose information that identifies you as a person with a substance use disorder to anyone outside the facility without your written consent or a court order. With your written consent, we may use and disclose your SUD information for treatment, payment, and health care operations. You may revoke your consent at any time in writing, except to the extent that we have already relied on it.

**Use and Disclosure for Legal Proceedings:** SUD treatment records from programs subject to 42 CFR Part 2 generally cannot be used or disclosed in legal proceedings against the patient unless there is specific written consent or a court order. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before we may use or disclose the requested record.

**Redisclosure of SUD Records:** If SUD records are disclosed with patient consent, the recipient can re-disclose them to contractors or legal representatives for specified TPO activities if a written agreement is in place that maintains confidentiality. Otherwise, redisclosure is prohibited.

**SUD Counseling Notes:** SUD counseling notes require a separate, specific consent for their use or disclosure and cannot be used or disclosed based on a general TPO consent.

**Fundraising Communications:** If SUD records are used or disclosed for fundraising, patients must be given a clear opportunity to opt out. If we intend to use or disclose SUD treatment records for fundraising for our benefit, we will provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

**Exceptions:** We may share information without your consent to a public health authority authorized to receive reports of abuse, neglect, or domestic violence to report suspected abuse, neglect, or domestic violence as required by law, to a medical provider in a medical emergency, or to law enforcement if you commit a crime on our premises. Any such disclosure will be made consistent with the requirements of applicable federal and state laws.

We will not use your health information for any other type of use or disclosure that is not described in this Notice without first obtaining your written authorization to do so.

**If you provide us with a written authorization, you may revoke the written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at our practice. You may also initiate the transfer of your records to another person by completing a written authorization form.**

### **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

**Right to Inspect and Copy Records.** You have the right to inspect and obtain a copy of your health information, including medical and billing records. To inspect or obtain a copy of your health information, please submit your

Provided by MedSafe

request in writing to Privacy Officer, Center for Advanced Ambulatory Surgery, 4 Medical Park Drive, Malta, NY 12020. We may charge a fee for the costs of copying, mailing or other supplies. If you would like an electronic copy of your health information, we will provide one to you as long as we can readily produce such information in the form requested. In some limited circumstances, we may deny the request. Under federal law, you may not inspect or copy the following records: Psychotherapy notes and information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding. We may also deny your right to access information related to medical research where you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

**Right to Amend Records.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment in writing. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written notice that explains our reasons. You will have the right to have certain information related to your request included in your records.

**Right to an Accounting of Disclosures.** You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within the same 12-month period.

**Right to Receive Notification of a Breach.** You have the right to be notified within sixty (60) days of the discovery of a breach of your unsecured protected health information if there is more than a low probability the information has been compromised.

**Right to Request Restrictions.** You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, run our normal business operations or disclose information about you to family or friends involved in your care. The request for restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter. Your request must state the specific restrictions requested and to whom you want the restriction to apply. We are not required to agree to your request except if you request that the physician not disclose Protected Health Information to your health plan when you have paid in full out of pocket and the disclosure is not otherwise required by law. If we do agree to your request, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so.

**Right to Request Confidential Communications.** You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

**Right to Have Someone Act on Your Behalf.** You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

**Right to Obtain a Copy of Notices.** If you are receiving this Notice electronically, you have the right to a paper copy of this Notice. To obtain a paper copy of this Notice, please write to: Privacy Officer, Center for Advanced Ambulatory Surgery, 4 Medical Park Drive, Malta NY 12020.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us by calling the Privacy Officer at (518) 438-7638 or writing to the Privacy Officer at Center for Advanced

Ambulatory Surgery, 4 Medical Park Drive, Malta NY, 12020. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, emailing [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not withhold treatment or take action against you for filing a complaint.

**Use and Disclosures Where Special Protections May Apply.** Some kinds of information, such as alcohol and substance abuse treatment, HIV-related, mental health, psychotherapy, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.