

# Ridgewood Orthopedic Group LLC

## Your Information. Your rights. Our responsibilities.

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### Your Insurance Company:

In the past few years the number of different health insurance has increased at an amazing rate. Even within one company there may be several programs with varying benefits and requirements, there is no way we can possibly know, or keep up to date with each program's provisions.

Some programs require a specific facility be used for your x-rays, ultrasounds, or blood tests

Some programs require pre-authorization, while others do not.

Some insurance companies require **PATIENTS** to notify them of hospital admissions or trips to the emergency room.

Some programs require specific information regarding hospitalizations.

### It Is Your Responsibility To Know:

Whether this office is participating with your particular insurance plan and program.

To advise this office of your program's requirements in advance, each and every time we provide a service. We will do our very best to comply with any reasonable requirements that your program may have.

### Records:

You, the patient are entitled to any and all records that pertain to your medical condition. For medical/legal reasons we never release the original records. Records are only released to the patient or someone that the person specifically designates. Copies of the office assessments, outside test results, and x-rays are available. If you would like to view your records or obtain copies of your records, the office will comply with your request within 30 days after a written release is received. Please note that there is a fee for copying records and x-rays.

### Patient Privacy:

In order to protect your privacy and in accordance with Federal Law we do not leave confidential medical information on answering machines or with anyone other than the patient or the patient's legal guardian without prior authorization.

Please indicate below your preference:

- We may leave a detailed message on this answering machine # \_\_\_\_\_**
- DO NOT leave a detailed message on any answering machine**
- You may leave a messages with this/these people**

Person/People: \_\_\_\_\_ at this number \_\_\_\_\_

**(Continue list on back if needed)**

\_\_\_\_\_  
(Patient's Signature)

\_\_\_\_\_  
(Please Print Your Name) \_\_\_\_\_ (Date)

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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.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

- You have some choices in the way the we use and share information as we:
- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

### **Other Uses and Disclosures**

We may use and share information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address worker's compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

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### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say no to your request, but we'll tell you why in writing within 60 days.

**Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say yes to all reasonable requests.

**Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and we may say no if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health care insurer. We will say yes unless a law requires us to share that information.

**Get a list of those with whom we've shared information.** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us or using the information on page 1.

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You can 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., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.

### Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

- **In these cases, you have a right and choice to tell us to:** share your information with family, close friends and others involved in your care, share information in a disaster relief and include your information in a hospital directory. *If you are not able to tell us your preference (for example, you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- **In these cases, we never share your information unless you give us written permission:** Marketing purposes, sale of your information, and most sharing of psychotherapy notes.
- **In the case of fundraising:**  
We may contact you for fundraising efforts, but you can tell us not to contact you again.

### Our Uses and Disclosures

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Treat you.** We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Run our organization.** We can use your health information to run our practice, improve your care and contact you when necessary. *Example: we use health information about you to manage your treatment and services.*
- **Bill for your services.**  
We can use and share your health information to bill and get payment from health plans or other entities. *Example: we give information about you to your health insurance plan so it will pay for your services.*

#### How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

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- **Help with public safety issues.**  
We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions medication, reporting suspected abuse, neglect of domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- **Do research.** We can use or share your information for health research.
- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see we're complying with federal privacy law.
- **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address worker's compensation, law enforcement, and other government requests.** We can use or share health information about you for worker's compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security and presidential protective services.

**Respond to lawsuits and legal actions.** We can share health information about you in a response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described there unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective date of this notice: 7/1/2014. Stacy Lizotte, Patient Advocate and Privacy Official.  
[slizotte@ridgewoodortho.com](mailto:slizotte@ridgewoodortho.com). 201-445-2830.

Patient or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_