

# HIPAA/HITECH Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can access this information. **Please review it carefully.**

Adirondack Medical Center (doing business as "Adirondack Health"), Adirondack Gastrointestinal & Colorectal Surgery, PLLC, Adirondack Surgical Group, LLP, and Lake Placid Sports Medicine, PLLC, participate in an Organized Health Care Arrangement ("OHCA"). This allows us to share health information to carry out treatment, payment and joint healthcare operations relating to the OHCA, including integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities. Organizations that will follow this notice include Adirondack Health sites and entities, and Adirondack Gastrointestinal & Colorectal Surgery, PLLC, Adirondack Surgical Group, LLP, and Lake Placid Sports Medicine, PLLC.

### 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.

#### Obtain an electronic or paper copy of your medical record

- You can ask to view or obtain an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, typically within 30 days of your request. We may charge a reasonable, cost-based fee.
- For your convenience, we recommend that you use the patient portal to access your health information. Ask us how to do this.

#### 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 deny 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, at your home or office phone) or to send related mail to a different address.
- We will grant 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 affects your care.
- If you pay for a service or healthcare 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 insurer. We will say "yes" unless any 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, going back six years prior to the date of your request - specifically, who we shared it with and why.
- We will include all the disclosures except for those concerning treatment, payment, and healthcare 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 promptly provide you with a paper copy.

### **Choose someone to act for you**

- If you have given someone else 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 the 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 file a complaint if you feel we have violated your rights by contacting the Privacy Officer where the violation occurred:
  - Adirondack Health at 2233 State Route 86, Saranac Lake, NY 12986 or by calling: 518-897-2593.
  - Adirondack Gastrointestinal & Colorectal Surgery at 2233 State Route 86, Saranac Lake, NY 12986 or by calling: 518-354-5353.
  - Adirondack Surgical Group at 309 County Highway 47, Suite 4, Saranac Lake, NY 12986 or by calling: 518-891-1610.
  - Lake Placid Sports Medicine at 203 Old Military Rd, Lake Placid, NY 12946 or by calling: 518-523-1327.
- 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/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you get to decide 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 try to accommodate your requests where we can.

#### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

*If you are unable to tell us your preference (for example, if 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:**

- Certain marketing purposes
- Most sharing of psychotherapy notes

#### **In the case of fundraising:**

- We may contact you for marketing and fundraising efforts, but you can tell us not to contact you again and we will make a good-faith effort to respect your decision.

#### **In the case of health information exchanges:**

- As permitted by New York state and federal laws, and with your consent, we may access and share health information about you from and to other healthcare providers and participants involved in your care, if they participate in health information exchanges via the Statewide Health Information Network of New York ("SHIN-NY") (including SHIN-NY's statewide data repository). Without your consent, our providers will only be able to access such information in the event of a life-threatening emergency.

## Our Users and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

### To treat you

- We can use your health information and share it with other professionals who are treating you.

### To run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** *A doctor treating you for an injury asks another doctor about your overall health condition.*

**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 receive payment from health plans or other entities.

**Example:** *We give information about you to your health insurance plan so your plan will pay for services we provide.*

## 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)

## Help with public health and safety issues

- We can share health information about you for certain situations or efforts, including:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

## Comply with the law

- We will share information about you if state or federal laws require us to do so, including with the Department of Health and Human Services, if the agency wants to see that we're complying with federal privacy laws.

## Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations for organ, eye, or tissue donations or transplantations.

## 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 workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official, in certain circumstances
  - 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 response to a court or administrative order, or in response to a subpoena, if certain requirements are met.

## 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 occurred 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 here, unless you tell us, in writing, that we can do so. If you tell us we can do so, you may change your mind at any time. Please 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).

**Changes to the Terms of This Notice** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## Other Instructions for Notice

- In addition to the federal rules and laws regarding privacy, we will follow New York state rules and laws regarding healthcare privacy. We will obtain appropriate consents before we share information concerning your genetic information, HIV status, substances abuse, and certain mental health information. We will also obtain your consent for other uses and disclosures of your health information, when required by New York state law to do so.

## Effective Date:

This notice is effective on or after November 1, 2024

---

**Mackenzie Boushie, Privacy Officer**  
Adirondack Health  
PO Box 471  
Saranac Lake, NY 12983  
518-897-2593

# Acknowledgement of Notice of Privacy Practices

Adirondack Health reserves the right to modify the privacy practices outlined in this notice.

---

Patient Signature

☐ I have received a copy of the notice of privacy practices for Adirondack Health.

---

Name of Patient (Print or Type)

---

Date

---

Signature of Patient Representative

**\*\*Required if patient is a minor or an adult who is unable to sign this for\*\***

---

Relationship of Patient Representative to Patient