

# HIPPA/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 get access to 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 health care 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.

#### 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. 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.
- For your convenience, we recommend that you use our patient portal to see 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 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 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 the 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 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 complain 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 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 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 not able 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
- Selling your health information

#### In the case of fundraising:

We may contact you for marketing and fundraising efforts, but you can tell us not to contact you again.

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

As permitted by New York and Federal laws, we may access and share health information about you from and to other health care providers and participants involved in your care that are participating in health information exchanges via the Statewide Health Information Network of New York ("SHIN-NY") (including SHIN-NY's statewide data repository), with your consent. Without such consent, our providers will only be able to access such information in 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.

#### 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 and share 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 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: <https://www.hhs.gov/hipaa/index.html>.

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- 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 it, including with the Department of Health and Human Services if it wants to see that 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 for organ, eye or tissue donation or transplantation.

#### 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
- 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.

#### Disclosures to business associates

We may disclose the minimum amount of your information necessary 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.

#### Use of 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 for research, public health, and specific healthcare operations if the person who will receive the information signs an agreement to protect the privacy of the information.
- Partially de-identified health information will exclude all direct identifiers but may include zip code, dates of birth, admission, and discharge.

#### Incidental disclosures

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

#### Use of Substance Use Disorder (SUD) treatment information

- If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this notice.
- If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. You may revoke an authorization at any time in writing, except to the extent that we have taken action in reliance upon your previous authorization.
- In no event will we use or disclose your substance use disorder treatment records received from a Part 2 Program, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless you provide written consent or a court issues an order after providing you with notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

### 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 here 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.
- We will only share your information as described in this notice. Once shared, this information might be redisclosed by the recipient and may no longer be protected by HIPAA.

For more information see: <https://www.hhs.gov/hipaa/index.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 regarding privacy, we will follow New York State laws regarding health care 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 law to do so.

#### Effective Date:

This notice is effective on or after Feb. 13, 2026.



**Mackenzie Boushie, Privacy Officer**

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