

SPECIALTY ORTHOPAEDICS, PLLC

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This notice describes how medical information about you may be used and disclosed by this office and how you can get access to this information. PLEASE REVIEW CAREFULLY.

- CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office.

- COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Mary Grogan at 914-686-0111. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

- OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that may apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of care that we provided to you.

I acknowledge receipt of a copy of Specialty Orthopaedics' Notice of Privacy Practices.

PATIENT NAME: _____

SIGNATURE-PATIENT OR GUARDIAN: _____

DATE: _____