Notice of Privacy Practices

THIS NOTICE CONTAINS INFORMATION ABOUT YOUR PRIVACY RIGHTS, DESCRIBES HOW GRAMERCY SURGERY CENTER MAY USE AND DISCLOSE YOUR HEALTH INFORMATION, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY TAKE THIS DOCUMENT WITH YOU WHEN YOU LEAVE.

On the day of your surgery, you will be required to review and sign an acknowledgment of receipt of this Notice. You can also review this acknowledgment form on our website This notice is available in other languages and alternative formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact Gramercy Surgery Center at phone 212.254.3570 or fax 212.254.3572. Alternatively you can download a copy from our website.

Gramercy Surgery Center is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Gramercy Surgery Center or received by Gramercy Surgery Center from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your health information. These legal duties and privacy practices are described in this notice. Gramercy Surgery Center will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.

Gramercy Surgery Center reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised notices upon request. An individual may obtain a copy of the current notice from our office at anytime.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent:

Gramercy Surgery Center may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

If any other law, including state law, prohibits or materially limits ability to use or make a disclosure that would otherwise be permitted under HIPAA, Gramercy Surgery Center will only make the uses and disclosures permitted under the more stringent law.

Treatment may include:
Providing, coordinating, or managing healthcare related services by one or more healthcare provider;
Consultations between healthcare providers concerning a patient;
Referrals to other providers for treatment;
Referrals to nursing homes, foster care homes or home health agencies. For example, Gramercy Surgery Center may determine that you require the services of a specialist. In referring you to another doctor, Gramercy Surgery Center may
share or transfer your health information to that doctor.

Payment activities may include:
Activities undertaken by Gramercy Surgery Center to obtain reimbursement for services provided to you;
Determining you eligibility for benefits or health insurance coverage;
Managing claims and contacting your insurance company regarding payment;
Collection activities to obtain payment for services provided to you;
Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
Obtaining pre-certification and pre-authorization of services to be provided to you.

Healthcare Operation may include:
Contacting healthcare providers and patients with information about treatment alternatives;
Conducting quality assessment and improvement activities;
Conducting outcomes evaluation and development of clinical guidelines;
Protocol development, case management, or care coordination;
Conducting or arranging for medical review, legal services and auditing functions

For example, Gramercy Surgery Center may use your diagnosis, treatment and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

Gramercy Surgery Center may contact you by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders. We may not disclose your protected health information to family members or friends who may be involved in your treatment or care without your written permission. Health information may be released without permission to a parent, guardian or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative of the spouse or deceased patient.

There are additional situations when Gramercy Surgery Center is permitted to use or disclose your protected health information without your consent or authorization. Examples include the following:
As permitted or required by law.
In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
For public health activities.
We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authorities authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be a risk of exposure
 We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purposes of reporting elder abuse or neglect, provided the subject of the abuse or neglect

agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent or substantial danger.

For Health Oversight Activities.
We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation or to control communicable diseases.

Judicial and Administrative Proceedings.
Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results. We may also release your medical information if asked to do so by a law enforcement official,
-To identify or locate a suspect, fugitive, material witness or missing person;
-About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances: to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

For Activities Related to Death.
We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed in certain circumstances.

For Research.
Under certain circumstances, and only after a special approved process, we may use and disclose your health information to help conduct research.

To avoid a serious threat to health or safety.
We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

For Workers Compensation.
We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Military and Veterans.
If you are a member of the armed forces, we may release your medical information as required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.

National Security and Intelligence Activities.
If permitted by law, we may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities, as authorized by law. Gramercy Surgery Center will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Gramercy Surgery Center has taken action in reliance thereon. Any revocation must be in writing, specific to the authorization being revoked (e.g. "My authorization of January 1st 2014"), and signed and dated by the individual or their authorized representative. Revocation becomes effective upon receipt by Gramercy Surgery Center

Your Rights Regarding Your Protected Health Information Right to Request Restrictions on Uses/Disclosures of your PHI.
You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Gramercy Surgery Center to carry out treatment, payment or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required to disclose certain healthcare information.

Right to Review/Obtain Your Healthcare Records.
You have the right to review and/or obtain a copy of your healthcare records, with the exception of psycho therapy notes, or information compiled for use (or in anticipation of use) in a civil, criminal, or administrative proceeding. Gramercy Surgery Center may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records. Request Access to Patient Health Records

Right to be notified of breach of your PHI.
You have the right to be notified in the event of a breach of your PHI. You have the right to request that a health plan not be informed of treatment that was paid for in full by you. Consent is required prior to use or disclosure of an individual's psychotherapy notes or the use of the individuals PHI for marketing purposes. You have the right to opt out of communications for fundraising purposes.

Right to Amend.
You have the right to request that Gramercy Surgery Center amend portions of your healthcare records, as long as such information is maintained by use. You must submit this request in writing, and under certain circumstances the request may be denied. Amendment Request Form

Accounting for Disclosures and Access Report.
You may request to receive an accounting of the disclosure of your protected health information made by Gramercy Surgery Center for the 6 years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures we make pursuant to signed consent or authorization.
Request Access to Patient Health Records

You may request to receive a paper copy of this Notice, if you had previously received or agreed to receive the notice electronically.

Any person or patient may file a complaint to Gramercy Surgery Center and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Gramercy Surgery Center, please contact the Chief Operating Officer and Facility Administrator at the following:
Jeffrey Flynn, COO, Administrator
Gramercy Surgery Center
380 Second Avenue, 10th Floor, Suite 1000
New York, NY, 10010
646-350-3326

New York State Department of Health: 1-800-663-6114

To file a complaint with the Secretary of Health and Human Services in writing or electronically via the OCR complaint portal, by mail, fax or email. Visit HIPAA Complaints for further information on filing a complaint with the Office of Civil Rights. It is the policy of Gramercy Surgery Center that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non compliance or violation of the privacy standards.

[1] **This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520**