



**ACKNOWLEDGMENT OF RECEIPT OF TOTAL JOINT REPLACEMENT SERVICES  
NOTICE OF PATIENT PRIVACY**

By my signature below, I hereby acknowledge receipt of this Notice of Privacy Practices, and I acknowledge that the **Total Joint Replacement Services** will use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me and conducting health care operations.

I have been advised of my rights to obtain access to and control my Protected Health Information. I also understand that in providing treatment, submitting billing and conducting healthcare operations, **Total Joint Replacement Services** may need to disclose my protected health information to members of my family or certain close personal friends. By providing the requested information below, I further authorize the disclosure of my protected health information as follows:

*Please check the appropriate boxes (if applicable)*

If I am unavailable, I expressly permit **TOTAL JOINT REPLACEMENT SERVICES** to disclose my protected health information for the purposes of appointment/test/procedure reminders and follow-up to the following individuals:

_____	_____
	(relationship to me)
_____	_____
	(relationship to me)
_____	_____
	(relationship to me)
_____	_____
	(relationship to me)

I expressly permit **TOTAL JOINT REPLACEMENT SERVICES** to disclose my protected health information for the purposes of appointment/test/procedure reminder and follow-up by leaving such information in the form of a message on the following recorded media:

Home answering machine:	Tel. # _____
Office voicemail:	Tel.# _____
Other (specify): _____	Tel.# _____

\_\_\_\_\_  
Signature of Patient  
Personal Representative  
Parent/Guardian

\_\_\_\_\_  
Date

## Total Joint Replacement Services



### TOTAL JOINT REPLACEMENT SERVICES, P.C. NOTICE OF PRIVACY PRACTICES

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.

1. This is a summary of the notice of privacy practices provided to exhibit how we handle your health information and describes the rights you have. You can also request a copy of our full notice at any time from any registration area.
2. **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.** We will generally obtain your written authorization before using your health information or sharing it with others outside the hospital. You may authorize the transfer of your records to another person by completing a written authorization form. You may revoke this written authorization form at any time, except to the extent that we have already relied upon it. There are some situations when we do not need your written authorization, as allowed by law, before using your health information or sharing it with others. They are exceptions for:
  - Treatment, Payment and Operations of the Hospital
  - Inclusion in the Hospital's Patient Directory and disclosure to family and friends involved in your care
  - Complying with the law or to meet important public needs
  - Disclosure of completely or partially "de-identified" information
  - Incidental disclosures that may occur due to treatment, payment, and operations of the hospital
3. **YOUR RIGHTS.** You have the right to request restrictions on certain uses and disclosures described above, however, we are not required to agree to such restrictions. In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.
4. **OUR LEGAL DUTY.** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We may change our privacy policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice at all of the registration points. For more information about our privacy policies, contact the person listed below.
5. **PRIVACY COMPLAINTS.** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact the Medical Center's Privacy Officer at (631) 687-2953, or you may contact the U.S. Department of Health and Human Services by calling (212) 264-3313. You will not be retaliated against for filing a complaint.

**The above is a summary of our Notice of Privacy Practices. You can obtain the detailed Notice of Privacy Practice at all registration points in the hospital or by contacting our Privacy Officer at (631) 687-2953.**