

If HSS wants to use and/or disclose your health information for a purpose not described in this Notice or required/permitted by law: *HSS must obtain a specific authorization from you for that use and/or disclosure, and you may revoke that authorization at any time.*

**3. Your Rights Regarding Your Health Information:** You have the rights described below in regard to the health information that HSS maintains about you. You must submit a written request to exercise any of these rights. Forms for this purpose are available at any of the locations where HSS renders medical services.

**Right to Inspect/Copy:** You have the right to inspect and get a copy of health information used in decisions about your care. This right does not apply to psychotherapy notes and certain other information. By law, HSS may charge in advance \$1.00 for the first page, \$.50 for additional pages, up to \$5.00 per film for reproduction (or those amounts permitted by current law), and postage if you request the information be mailed. HSS may deny your request in certain circumstances. You may request a licensed health care professional chosen by HSS to review a denial for psychotherapy notes; HSS will comply with this decision.

**Right to Amend:** If you feel health information HSS created is inaccurate or incomplete, you may request that HSS amend your information. HSS cannot delete or destroy any information already included in your medical record. You must provide a reason in support of your amendment request. HSS may deny your request if you ask to amend information that HSS did not create, unless the person or entity that created the information is not available to make the amendment; that is not part of the health information HSS maintains; that is not part of the information you permitted by law to inspect and copy; or that is accurate and complete.

**Right to Accounting Disclosures:** You have the right to request a free list of disclosures every 12 months. HSS is not required to list all disclosures, such as those authorized or made for treatment, payment, or operations. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, HSS may charge you for the cost of the list. HSS will tell the cost; you may withdraw or modify your request before costs accrue.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on your health information that HSS uses or discloses, unless use or disclosure is required by law. You have the right to request limits on the health information HSS discloses about you to someone involved in your care or payment for your care, like a family member or

friend. You must specify the restriction and to whom it applies. HSS will comply with the request unless the information is needed in case of emergency.

**Right to Request Confidential Contacts:** You have the right to request that HSS contact you about medical issues in a certain way or place, such as by mail. You must specify how or where you wish to be contacted; HSS will try to accommodate reasonable requests.

**Right to Paper Copy of this Notice:** You have the right to a paper copy of this Notice, which is posted and available at each location where medical services are provided and on HSS's website.

**4. Changes to this Notice:** HSS reserves the right to change this Notice and to make the revised Notice effective for health information HSS created or received about you prior to the revision, as well as information that it receives in the future. Revised Notices will be posted and available at each location where medical services are provided and on HSS's website.

**5. To Report a Privacy Violation:** If you believe your privacy rights have been violated, you may file a complaint with HSS by contacting HSS's Privacy Official, at (405) 631-3085 ext 1810 or by mail at 100 NE 85th St. Oklahoma City, OK 73114; or by notifying the Secretary of the Department of Health and Human Services. Submit a written complaint within 180 days of when you knew or should have known of the circumstance leading to the complaint. HSS's Privacy Official can provide contact information. **You will not be retaliated against for filing a complaint.**



OneCore Health Privacy Office  
100 NE 85<sup>th</sup> St.  
Oklahoma City, OK 73114  
Phone: (405) 631-3085 ext: 1810

Secretary of Health & Human Services  
Office of Civil Rights - OCR  
400 Maryland Ave SW  
Washington DC, 20202-1100  
1-800-421-3481  
1-800-877-8339 TTD

**HOSPITAL FOR SPECIAL SURGERY,  
L.L.C.  
dba  
ONECORE HEALTH**

**NOTICE OF PRIVACY PRACTICES**  
EFFECTIVE DATE: April 14, 2003  
LAST REVISED: January 7, 2025

**HOSPITAL FOR SPECIAL SURGERY, L.L.C.**  
**dba ONECORE HEALTH**  
**NOTICE OF PRIVACY PRACTICES**  
EFFECTIVE DATE: APRIL 14, 2003  
LAST REVISED: January 7, 2025

This NOTICE describes how medical information about you may be used and disclosed and how you can get access to this information. It applies to all of your health information used to make decisions about your care that The Hospital for Special Surgery (HSS) generates or maintains. Please review it carefully.

HSS is required by law to maintain the privacy of your health information, give you a Notice of HSS's legal duties and privacy practices with respect to it, and follow the terms of the current Notice. It will be followed by all employees, students, volunteers associated with the health care components of HSS.

**1. Uses and Disclosures of Your Health Information**

The following categories describe some of the ways that HSS may use and disclose your health information.

**Treatment:** HSS will use your health information to provide you with medical treatment/services and for treatment activities of other health care providers. *Example:* Your health information may be used by other HSS personnel who are involved in taking care of you.

**Payment:** HSS may use your health information for payment activities including, but not limited to, determining plan coverage, billing/collection, and assisting another health care provider with payment activities. *Example:* Your health information may be released to an insurance company to obtain pre-approval of services or payment for services.

**Operations:** HSS may use your health information for operations uses necessary to run its healthcare business, including, but not limited to, conducting quality assessment activities, training, or arranging for legal services. *Example:* HSS may use your health information to conduct internal audits to verify proper billing procedures.

**Education:** HSS may use and disclose your health information to faculty, staff, current and prospective students, disease, and infants born exposed to volunteers, and visiting providers, and trainees and observers. *Example:* Your primary care provider may discuss your case with students as part of a learning experience.

**Business Associates:** HSS may disclose your health information to other entities that provide a service to or on HSS's behalf that requires the release of your health

information, but only if HSS has received satisfactory assurance that the other entity will properly safeguard your health information.

**Treatment Alternatives/Health-Related Benefits & Services:** HSS may use and disclose your health information to tell you about health-related benefits, treatment alternatives, and other health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** HSS may release health information about you to a friend, family member, or legal guardian who is involved in your medical care or who helps pay for your care.

**Appointment Reminders:** HSS may use and disclose health information to remind you of appointments for medical services.

**Research:** HSS may use and disclose your health information to researchers for research. However, your health information may be disclosed for research without your authorization if the authorization requirement has been waived or revised by a committee charged with verifying the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your health information, to researchers to prepare for research under certain conditions, and to researchers who have signed a data use agreement promising to protect the information. Health information regarding deceased individuals can be released without authorization under certain circumstances.

**Organ and Tissue Donation:** If you are an organ donor, HSS may release health information to organ donation banks or organizations that handle organ or tissue procurement or transplantation.

**Fundraising:** HSS may use or release to an HSS-related foundation contact information, such as your name, address, and treatment dates for fundraising. If you do want to be contacted for fundraising efforts, notify HSS's Privacy Official in writing.

**2. Uses and Disclosures of Health Information Required /Permitted By Law:** The following categories describe some of the ways that HSS may be allowed or required to use and disclose your health information.

**Required by Law/Law Enforcement:** HSS may use and disclose your health information if required by federal, state, or local law, such as for workers' compensation, and if requested by law enforcement officials for purposes such as responding to a court order or warrant of obtaining

information about a victim of a crime, if, under certain circumstances, HSS cannot obtain the victim's agreement.

**Public Health and Safety:** HSS may use and disclose your health information to prevent a serious threat to the health and safety of you, others, or the public and for public health activities, such as those intended to prevent or control. *Example:* Oklahoma law requires HSS to report, among other things, tumors, birth defects, cases of communicable disease, and infants born exposed to alcohol.

**Food & Drug Administration (FDA) and Health Oversight Agencies:** HSS may disclose health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance to the FDA and manufacturers to enable product recalls, repairs, or replacements, and to health oversight agencies for activities authorized by law, such as audits.

**Lawsuits/Disputes:** If you are involved in a lawsuit/dispute and have not waived the physician-patient privilege, HSS may disclose your health information under a court/administrative order, subpoena, or discovery request after attempting to inform you of the request.

**Coroners, Medical Examiners, and Funeral Directors:** HSS may release your health information to coroners, medical examiners, or funeral directors to enable them to carry out their duties.

**National Security/Intelligence Activities and Protective Services:** HSS may release your health information to authorize national security agencies for the protection of authorized persons or to conduct special investigations.

**Military/Veterans:** HSS may disclose your health information to military authorities if you are an armed forces or reserves member.

**Inmates:** If you are an inmate of a correctional facility or in the custody of law enforcement, HSS may release your health information to a correctional facility or law enforcement official so they may provide your health care or protect the health and safety of you or others.

**Oklahoma law requires that HSS inform you that your health information used or disclosed as described in this Notice may include information which may indicate the presence of a communicable disease. It may also include information related to mental health.**