

## **Notice of Privacy Practices**

**Effective Date: June 1, 2025**

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Colon and Rectal Surgery of Queens, PLLC

6344 Saunders Street, Rego Park, NY 11374

T: 718-475-2017 | F: 718-475-2046 | [Info@queenscolorectal.com](mailto:Info@queenscolorectal.com)

**Your Privacy is Important to Us:** This Notice explains how your medical information may be used, disclosed, and how you can access it. Please review it carefully.

**Our Commitment:** We are required by law to protect your health information (Protected Health Information, or PHI) and inform you of your rights and our responsibilities under the Health Insurance Portability and Accountability Act (HIPAA).

**How We May Use and Share Your Information:** We may use and share your PHI to:

### **For Treatment**

- To provide, coordinate, or manage your care.
- Share information with other healthcare providers involved in your care.

### **For Payment**

- To bill you, your insurance, or other payers.
- To verify insurance coverage and collect payment.

### **For Healthcare Operations**

- To improve care quality, train staff, and manage our practice.

**Additional Permitted Uses:** We may also disclose your PHI for:

- Public health activities (disease control, FDA reporting).
- Legal compliance (law enforcement, subpoenas, audits).
- Workers' compensation claims.
- Organ and tissue donation coordination.
- Funeral director services.
- Health oversight activities (licensing, inspections).
- Research (with privacy safeguards).
- Preventing serious health threats.
- Contacting you for appointment reminders and health-related services.

**Business Associates:** We may share PHI with third-party partners (billing, labs, IT support) under strict confidentiality agreements.

**Disclosures Requiring Your Authorization:** We will obtain your written authorization for:

- Uses of PHI for marketing purposes.
- Sale of PHI.

- Any other uses not described in this Notice.

You may revoke your authorization in writing at any time.

**Your Privacy Rights:** You have the right to:

- Receive a paper or electronic copy of this Notice.
- Inspect and request a copy of your medical records.
- Request corrections to your health records.
- Receive an accounting of disclosures.
- Request confidential communications (e.g., alternative phone or mailing address).
- Request restrictions on certain uses or disclosures (though we are not always required to agree).
- Be notified in case of a breach of unsecured PHI.
- Revoke prior authorizations.

#### **Our Legal Duties**

- We must maintain the privacy and security of your PHI.
- We must follow the terms of this Notice.
- We will notify you promptly of any breach involving your PHI.
- We reserve the right to update this Notice and will provide the revised version upon request, in our office, and on our website.

**Fundraising Communications:** If we contact you for fundraising purposes, you have the right to opt out of future fundraising communications.

**Genetic Information:** We will not use or disclose genetic information for underwriting purposes, in compliance with the Genetic Information Nondiscrimination Act (GINA).

**Complaints and Questions:** If you believe your privacy rights have been violated, you can file a complaint with:

#### **Privacy Officer**

Colon and Rectal Surgery of Queens, PLLC  
6344 Saunders Street, Rego Park, NY 11374  
T: 718-475-2017  
Email: [Info@queenscolorectal.com](mailto:Info@queenscolorectal.com)

You may also file a complaint with:

#### **U.S. Department of Health and Human Services, Office for Civil Rights**

200 Independence Avenue, S.W., Room 509F, HHH Building  
Washington, DC 20201  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not retaliate against you for filing a complaint.

#### **Acknowledgment of Receipt**

You will be asked to sign a form acknowledging receipt of this Notice. This is required by law, but your care is not conditional on signing.