



ORTHOPEDIC SURGEONS

Peter W. Hughes, M.D.
Total Joint Replacement and Revision

W. Tracy Schmidt, M.D.
Hip and Knee Replacement
Hand/Upper Extremity Surgery
Orthopedic Trauma

Joseph M. D'Amico, M.D.
General Orthopedics
Knee and Shoulder Surgery
Foot/Ankle Surgery

Marc D. Silver, M.D.
Sports Medicine
Shoulder Reconstruction
Minimally Invasive Knee and
Shoulder Replacement

Andrew L. Haas, M.D.
Sports Medicine
Knee and Shoulder Surgery
Arthroscopy

PAIN MANAGEMENT

Emmy Lu, M.D.

PHYSICAL THERAPISTS

Chris A. Nanos, D.P.T.
Casey Catalano, M.S.P.T.
Carla J. Cuccia, M.S.P.T.
Sebastian Butrym, P.T.A.

PRACTICE MANAGER

Paula O'Connor Burney, R.N.,
B.S.N.

SUMMARY OF NOTICE OF PRIVACY PRACTICES

The following is a brief summary of your rights and our responsibilities as detailed in the Notice of Privacy Practices.

Uses and Disclosures of Your Health Information: We may use the information we develop and collect for treatment by our practice or disclose the information to others to whom we refer you for treatment, for payment for these services and for certain health care "operations" such as improving the competence and quality of our staff and business planning and management. We may disclose your information to our business associates such as medical transcriptionists, billing services, and others who assist in the in the operations of our practice. We may call you to remind you of appointments and may leave a message on your answering machine if you have one. Your medical information may be disclosed without your authorization as required by law, for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings.

Other Uses and Disclosures: Except as described in the Notice, we will not use or disclose your medical information without your written authorization. You can revoke an authorization at any time, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights: You have a number of rights under state and/or federal law which are subject to the terms and conditions specified in the Notice: You may request restrictions on certain uses and disclosures of your information
You may request that you receive your information from us in a certain way
You may inspect and copy your medical records
You may request an amendment to any record you believe is inaccurate
You may request an accounting of disclosures made of your records

Changes to the Notice: We reserve the right to change the Notice. If we do so, we will post it in our office and provide a copy upon request.

Complaints: You may file a complaint to with the federal government as detailed in the Notice. You will not be penalized for filing any complaint.

I hereby acknowledge that I have received/reviewed a copy of Orthopaedic Associates of Stamford's Summary of Notice of Privacy Practices and that I may request a copy of the entire Notice at any time. I understand that this Summary is for convenience only and is not a substitute for reading the entire Notice and does not modify the terms of the Notice.

Patient/Guardian Signature

Date

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