

# NOTICE OF PRIVACY PRACTICES

## Orthopedic Surgeons Incorporated

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

If you have any questions, please contact the HIPAA Compliance Officer.

### Our Commitment to your Privacy

We are committed to protecting health information about you. We create a record of the care and services you received from us in order to provide you with quality care and to comply with certain legal requirements. This notice informs you of the ways in which we may use and disclose identifiable health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

The law requires us to:

Maintain the confidentiality of health information that identifies you.

Provide you with this notice of our legal duties and privacy practices concerning your identifiable health information; and follow the terms of our notice that is currently in effect.

We May Use and Disclose Your Health Information in the Following Ways:

The following categories describe the different ways in which we may use and disclose your identifiable health information:

**Treatment:** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to our doctors, nurses, technicians, or other personnel who are involved in taking care of you or who are arranging for your care. For example, we also may disclose health information about you to people outside our practice who may be involved in your health care, such as other doctors providing services that are part of your care.

**Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, a third party, or a collection agency. For example, we may need to provide your health

insurer with information about treatment you received from us so your insurer will pay us or reimburse you for a surgical procedure. We may also tell your health insurer about a treatment you are going to receive to obtain prior approval or to determine whether your insurer will cover the treatment.

**Health Care Operations:** We will use and disclose your protected health information to support the business activities of our practice. For example, we may disclose your protected health information to medical school students, residents and interns that see patients at our office. We may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who performs billing, consulting, or transcription services for our practice.

**Appointment Reminders:** We will use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment.

**Treatment Alternatives:** We will use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care.

**Research:** We will use and disclose your protected health information to researches provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**As Required by Law:** We will disclose health information about you when required to do so by federal, state or local law.

**To Avert A Serious Threat to Public Health or Safety:** We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

**Organ and Tissue Donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ, or tissue donation and transplantation.

**Military:** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We will use and disclose protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care systems, government programs and compliance with civil rights laws.

**Lawsuits or Similar Processing:** If you're involved in a lawsuit or a similar proceeding, we may disclose your health information in response to a court or administrative order. We also may disclose your health information in response to a subpoena, discovery requests or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release health information if asked to do so by law enforcement official for the following:

- in response to a court order, subpoena, warrant, summons or similar process;
- 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 offices; 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.

**Deceased Patients:** We may release health information to a coroner or medical examiner to identify a deceased person

or determine the cause of death, and to funeral directors as necessary to carry out their duties.

**National Security:** We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

We also may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigation.

**Inmates:** We will use and disclose your protected health information to a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution of provide you with health care, to protect the health and safety of others; or for the safety and security of the correctional institution.

### **Your Health Information Rights**

You have the following rights regarding the health information about you:

**Inspect and Copy:** You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or copy your medical information, you must submit your request in writing to our HIPAA Compliance Officer. You may mail in your request, or bring it to our office. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of the delay.

**Request Amendment:** You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate.

You must make this request in writing to our HIPAA Compliance Officer, stating exactly what information is incomplete or inaccurate and your reasoning that supports

your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- the information was not created by us, or the person who created it is no longer available to make the amendment;
- the information is not part of the record which you are permitted to inspect and copy;
- the information is not part of the designated record set kept by this practice;
- or if it is the opinion of the health care provider that the information is accurate and complete.

**Right to Request Restrictions:** You have the right to request a restriction on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to request that we limit the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. **We are not required to agree to your request;** however, if we do agree we are bound by our agreement except in cases of emergency, when otherwise required by law, or when the information is necessary to provide treatment to you. To request restrictions, you must make your request in writing to Orthopedic Surgeons, Inc. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**An Accounting of Disclosures:** You have the right to request a list of disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain information).

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work. To request

confidential communications, you must make your request in writing to Orthopedic Surgeons, Inc. We will ask you the reason for your request and we will accommodate reasonable requests; however, your written request must specify how or where you wish to be contacted.

**File a Complaint:** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our HIPAA Compliance Officer or directly to the Secretary of Health and Human Services. To file a complaint with our HIPAA Compliance Officer, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to Orthopedic Surgeons, Inc., 2790 Clay Edwards Drive, Suite 650, North Kansas City, Missouri, 64116. **You will not be penalized for filing a complaint.**

**Other Uses of Health Information:** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to “undo” or take back any disclosures we have already made with your permission. Please note, we are required to retain records of your care as mandated by state laws.

**We Reserve the Right to Revise Our Privacy Notice:** We reserve the right to change this notice. We reserve the right to make the revised notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our offices. The notice will contain, on the last page, in the bottom left-hand corner, the effective date.