

Effective Date of this Notice: 1/1/03

## South Palm Orthopedics

### NOTICE OF PRIVACY PRACTICES (NOTICE)

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We must provide you with the following important information:

- § How we may use and disclose your PHI
- § Your privacy rights to your PHI
- § Our obligations concerning the use and disclosure of your PHI

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to change or amend this Notice of Privacy Practices.** Any change or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a prominent location at all times. You may request, and we will provide, a copy of our most current Notice at any time.

### WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

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The following categories describe the different ways in which we may use and disclose your PHI.

**Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice - including, but not limited to, our doctors and nurses - may use or disclose your PHI in order to treat you or to assist others in your treatment. We may also disclose PHI about you for the treatment activities of another healthcare provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents, unless you object.

**Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may use your PHI to bill you directly for services. We may disclose PHI to another healthcare provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that healthcare provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

**Healthcare Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

If another healthcare provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain healthcare operations of that healthcare provider or company. For example, such healthcare operations may include: reviewing and improving the quality, efficiency, and cost of care provided to you; reviewing and evaluating the skills, qualifications and performance of healthcare professionals, cooperating with outside organizations that evaluate, certify, or license healthcare providers or staff in a particular field or speciality; and assisting with legal compliance activities of that healthcare provider or company.

We may also disclose PHI for the healthcare operations of an "organized healthcare arrangement" in which we participate. An example of an "organized healthcare arrangement" is the joint care provided by a hospital and the doctors who see patients at that hospital.

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**Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment or to provide information about treatment alternatives or other health benefits and services that may be of interest to you. In addition, our practice may contact you for its fund raising activities.

**Release of Information to Family/Friends.** In certain situations our practice may release your PHI to a family member or close personal friend who is involved in your care or payment for your care. In addition, we may disclose PHI to disaster relief agencies such as the Red Cross, to notify your family and friends about your condition and location. You have the right to object to this type of disclosure unless you are unable to consent or object as in the care of an emergency. In this case we will use our professional judgment to determine if the disclosure of your PHI is in your best interest.

**Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

### **USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES WITHOUT YOUR AUTHORIZATION**

The following categories describe special situations in which we may use or disclose your PHI without your authorization, or opportunity to agree or object:

**Public Health Risks:** Our practice may disclose your PHI to public health authorities which are authorized by law to collect information, including:

- \$ maintaining vital records, such as births and deaths
- \$ reporting child abuse, neglect, or domestic violence
- \$ preventing or controlling disease, injury, or disability
- \$ notifying a person regarding potential exposure to a communicable disease or condition
- \$ reporting reactions to drugs or problems with products or devices regulated by the Federal Food and Drug Administration (FDA)
- \$ notifying individuals if a product or device they may be using has been recalled
- \$ notifying your employer under limited circumstances to workplace injury/illness or medical surveillance information.

**Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

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**Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- §           Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- §           Concerning a death we believe has resulted from criminal conduct
- §           Regarding criminal conduct at our offices
- §           In response to a warrant, summons, court order, subpoena or similar legal process
- §           To identify/locate a suspect, material witness, fugitive, or missing person
- §           In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator)

**Coroners and Funeral Directors.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

**Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We must obtain your written authorization to use your PHI for research purposes except when our use or disclosure was approved by an Institutional Review Board or a Privacy Board, to ensure the privacy of your PHI.

**Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**Inmates** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to you,

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(b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**Workers Compensation.** Our practice may release your PHI to comply with workers' compensation and similar work-related injury/illness benefit programs.

**Disclosures Required by HIPAA Privacy Rule.** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

**YOUR RIGHTS REGARDING YOUR PHI**

Under Federal Law, you have the following rights regarding the PHI that we maintain about you:

**Other Uses and Disclosures of Protected Health Information Require Your Authorization.**

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may remove your authorization at any time in writing, except to the extent we have taken action based on the authorization.

**Confidential Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communications, you must make a written request to **South Palm Orthopedics, 561-496-6622** specifying the requested method of contact, or the location where you wish to be contacted. Our practice is required to accommodate **reasonable** requests. You do not need to give a reason for your request.

**Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **South Palm Orthopedics, 561-496-6622**. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure, or both; and
- (c) to whom you want the limits to apply, for example, you do not want any disclosure to your spouse.

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**Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes or information gathered for certain judicial proceedings. You must submit your request in writing to **South Palm Orthopedics, 561-496-6622**, in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny in writing your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct a review of your denial.

**Amendment.** You have a right to request us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **South Palm Orthopedics, 561-496-6622**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. We will provide you with written reason(s) for denial and describe your rights to give us a written response to the denial.

**Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI (not including PHI for treatment, payment, operations or prior authorized purposes.) Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **South Palm Orthopedics, 561-496-6622**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices at any time, even if you have agreed to receive this notice electronically. To obtain a paper copy of this notice, contact **South Palm Orthopedics, 561-496-6622**.

I have received the notice of privacy practices regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) from South Palm Orthopedics.

Signature

Date

Print Name