



ORTHOPEDIC INSTITUTE, P.C.
SUMMARY NOTICE OF PRIVACY PRACTICES

We are required by federal law to provide a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. The attached Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and our obligations under federal and state privacy laws.

USES AND DISCLOSURES

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- To provide information about your health condition to others who are also treating you;
- To provide information about the treatment that we provided in order to obtain payment from your insurance company or health plan;
- As required by law such as to report a communicable disease; or
- To comply with a court order requiring the disclosure of your medical record.

These are simply examples. For a full description of the uses and disclosures that we are permitted to make, consult the attached Notice of Privacy Practices.

YOUR RIGHTS

While the records that we maintain about you belong to us, under the federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and copy the health information that we maintain about you and to request that we amend any of the information that you believe is incomplete or incorrect. Also, you may request that we provide you with a list of certain disclosures that we have made of your health information. All of these rights are subject to some exceptions that are described fully in the attached Notice.

OUR OBLIGATIONS

We are required to provide you with our Notice of Privacy Practices and to abide by its terms. We may amend the Notice from time to time. All amendments apply retroactively.

Our full Notice of Privacy Practices is attached. Please read it carefully. If you have any questions or require additional information, please contact our Administrator: telephone number (605) 331-5890 or facsimile number (605) 336-3974.

ORTHOPEDIC INSTITUTE, P.C. NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY AND RETAIN A COPY FOR YOUR RECORDS.

Effective Date: April 14, 2003

Under applicable law, Orthopedic Institute, P.C. (referred to as “we,” “our,” or “ORTHOPEDIC INSTITUTE”) is required to protect the privacy of your individual health information (information we refer to in this notice as “Protected Health Information” or “PHI”). We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information, and to abide by the terms of this notice, as it may be updated from time to time.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes without obtaining your authorization.

For treatment purposes, we may use and disclose your PHI for the purpose of providing, coordinating, or managing the delivery of healthcare services to you by one or more healthcare providers, including doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. For example, another physician may consult with us regarding your condition or treatment.

For payment purposes, we may use and disclose your PHI to obtain payment or reimbursement for providing healthcare services, such as when we request payment from your insurer, health plan, or a government benefit program.

For healthcare operations purposes, we may use and disclose your PHI in a number of ways, including for quality assessment and improvement for planning and development, management, and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided. Healthcare operations also includes conducting training programs in which students, trainees or practitioners in areas of health care learn under supervision to practice or improve their skills.

- In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Where applicable, we may disclose your health information to your health plan sponsor. This applies to a group health plan, a health insurance issuer, or a Health Maintenance Organization (HMO) with respect to a group health plan.

We may use and disclose your PHI, without your authorization, for treatment, payment, and health care operations purposes either within ORTHOPEDIC INSTITUTE or with other health care providers, health plans, and those that process health care claims benefits and related information. We are also permitted to share your PHI, without your authorization, in the following instances.

We may also use or disclosure your PHI as permitted or required by law, including, for example:

- To public health authorities for the purposes of preventing or controlling disease or other public health purposes;

- To appropriate government authorities to report about victims of suspected abuse, neglect, or domestic violence;
- To the Food and Drug Administration to report quality, safety, or effectiveness of the FDA-regulated products or activities;
- In certain limited circumstances to an employer such as if we are asked to evaluate or treat a work-related illness or injury for workers' compensation purposes;
- To qualified health authorities for purposes of conducting health oversight activities;
- In response to subpoenas, discovery requests, or other lawful legal processes in the course of a judicial or administrative proceeding;
- To law enforcement authorities as required or permitted by law such as, for example, to report a death, to report a crime on our premises, or if it appears necessary to alert law enforcement to respond to an emergency;
- To persons involved with respect to matters pertaining to a decedent, or relating to cadaveric organ, eye or tissue donation;
- In certain instances, for research purposes;
- We may disclose your PHI if we believe, in good faith, that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
- We may disclose your PHI for certain specialized government functions such as, for example, to Armed Forces Authorities with reference to military personnel or for national security purposes.

Unless you object, we may also disclose to a member of your family or other relative, to a close personal friend, or to any other person identified by you PHI that is directly relevant to that person's involvement with your care or payment related to your care. In addition, unless you object, orally or in writing, to a doctor, a nurse, or our privacy policy officer, we may use or disclose the PHI to notify, identify, or locate a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying the Privacy Officer listed below.

YOUR PRIVACY RIGHTS

To Request Restrictions. You have the right to request restrictions on our use and disclosure of your Protected Health Information. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction except in an emergency.

To Limit Communications. You have the right to receive confidential communications about your own Protected Health Information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Privacy Officer listed on the final page of this Notice. All reasonable requests will be granted.

that is governed by **To Access and Copy Health Information.** You have the right to inspect and copy any Protected Health Information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information the Clinical Laboratory Improvement

Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Privacy Officer listed on the last page of this Notice. If you request copies, you may be charged a reasonable fee based on our costs for labor, copying and mailing the requested information. Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances as provided by law. In certain situations if access is denied you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

To Request Amendment. You may request that your Protected Health Information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your Protected Health Information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosure of the information to which it relates. Requests to amend Protected Health Information must be submitted in writing to the Privacy Officer on the final page of this Notice.

To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your Protected Health Information made during the six-year period preceding the date of your request beginning from April 14, 2003. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosure that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Privacy Officer on the final page of this Notice.

OUR DUTIES

- 1) We are required by law to maintain the privacy of your Protected Health Information connected with this Notice and to provide you with this Notice of our legal duties and privacy practices.
- 2) We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website, if applicable, and at our facilities, and will be available from us upon request.

COMPLAINTS

You can complain to us and to the federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Privacy Officer identified below. This person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

For further information concerning our privacy policy, your privacy rights, or the complaint procedure, please contact our administrator: telephone number (605) 331-5890 or facsimile number (605) 336-3974.