

**YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR MEDICAL INFORMATION:** This means you may inspect and obtain a copy of medical information about you that is contained in a designated record set for as long as we maintain your medical information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical to do so. You must make your request in writing. Please contact our Privacy Contact for this form. You may also request access by sending a letter to the Privacy Contact designated at the end of this Notice of Privacy. If you request a copy of your medical information, we may charge a reasonable cost-based fee for copying and postage. Contact our Privacy Contact for a full explanation of the fee schedule.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and medical information that is subject to law that prohibits access to medical information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

**YOU HAVE THE RIGHT TO REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

**YOU MAY HAVE THE RIGHT TO HAVE YOUR PHYSICIAN AMEND YOUR MEDICAL INFORMATION:** This means you may request an amendment of medical information about you in a designated record set for as long as we maintain this information. To request an amendment, your request must be in writing and submitted to a Privacy Contact listed at the end of this Notice. In addition, you must provide a reason that supports your request. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

**YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE, IF ANY, OF YOUR MEDICAL INFORMATION:** You have the right to request a listing of certain disclosures of your protected health information made by the Company during the period of up to six (6) years prior to the date on which you make your request. Any accounting you request will not include (1) disclosures made to carry out treatment, payment or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to an authorization given by you; (4) disclosures made to other people involved in your care or made for notification purposes; (5) disclosures made for national security or intelligence purposes; (6) disclosures made to correctional institutions or law enforcement officials; or (7) disclosures made prior to April 14, 2003. The right to receive an accounting is subject to certain other exceptions, restrictions and limitations set forth in applicable statutes and regulations.

To request an accounting of the disclosures of your protected health information made by the Company, please send a written request to the Privacy Contact listed at the end of this Notice. Your written request must set forth the format in which you want the accounting (i.e., hard copy, electronically) and the period for which you wish to receive an accounting. The Company will provide one free accounting during each twelve (12) month period. If you request additional accountings during the same twelve (12) month period, you will be charged for

all costs the Company incurs in preparing and providing that accounting. The Company will inform you of the fee for each accounting in advance and will allow you to modify or withdraw your request in order to reduce or avoid the fee.

**YOU HAVE A RIGHT TO RECEIVE NOTICE OF A BREACH:** We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
- A description of the type of Unsecured Protected Health Information involved in the breach;
- Steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

**YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM US,** upon request, even if you have agreed to accept this notice electronically.

**COMPLAINTS:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact at 573-335-8257 for further information about the complaint process.

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT:**



**ORTHOPAEDIC  
ASSOCIATES**

48 Doctors' Park • Cape Girardeau, Missouri 63703

Business: 573-335-8257  
Appointments: 573-335-7040  
Fax: 573-335-8424

## NOTICE OF PRIVACY POLICIES AND PRACTICES

FOR



**ORTHOPAEDIC  
ASSOCIATES**

**DEAR PATIENT:**

**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.**

### INTRODUCTION

This Notice of Privacy describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your medical information.

Medical information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or conditions and related health care services.

We are required by law to abide by the terms of this Notice of Privacy. We may change the terms of our notice at anytime. The new notice will be effective for all medical information we maintain even if created or received prior to the effective date of the change. Upon your request, we will provide you with any revised Notice of Privacy if you call the office and request that a revised copy be sent to you in the mail or you may ask for one at the time of your next appointment.

### 1. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

**TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:** We are permitted by law to make certain types of uses and disclosures of your medical information for treatment, payment and health care operations. Any examples provided below are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office for treatment, payment and health care operations.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. For example, we would disclose medical information to other physicians who may be treating you such as to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

**For Payment:** We may use and disclose your medical information to obtain payment for your health care services. For example, we may need to give your health insurance plan medical information about any surgery you received at our organization so that your health plan will pay us or repay you for any surgery that you paid for. Additionally, we may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

**For Health Care Operations:** We may use and disclose your medical information for our health care operations. For example, this might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials, we need to serve you. We may also disclose your medical information to train health professionals that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your medical information, as necessary, to contact you to remind you of your appointment.

We may also share your medical information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that will protect the privacy of your medical information.

We may use or disclose your medical information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your medical information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

**OTHER USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:** We may use and disclose your medical information in the following instances. Under these circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your medical information. If you are not present or able to agree or object to the use or disclosure of the medical information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the medical information that is relevant to your health care will be disclosed.

**Others Involved In Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose medical information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** In case of emergency and if you are not able to give or refuse permission, we may use or disclose your medical information that is directly necessary for your health care, according to our professional judgment.

**Communication Barriers:** We may use and disclose your medical information

if your physician or another physician in the practice attempts to obtain permission from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to permit the use or disclosure under the circumstances.

**OTHER USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:** We may use or disclose your medical information as required by law in the following situations without your consent or authorization. These situations include:

**Public Health:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including but not limited to, the reporting of disease, injury, vital events such as birth, death and the conduct of public health surveillance. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacement, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

**Health Oversight:** We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions or other authorized activities. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, subpoena, discovery request or other lawful process under certain circumstances.

**Workers Compensation:** We may disclose medical information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**Law Enforcement:** Under certain circumstances, we may disclose medical information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds or other physical injuries), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location of a suspect, fugitive, material witness or missing person at the request of law enforcement officials, reports regarding suspected victims of crimes at the request of law enforcement officials, reporting death, crimes on our premises, and crimes in emergencies.

**Coroners, Funeral Directors, and Organ Donations:** We may disclose medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Medical information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your medical information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help prevent the threat.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; or (2) to foreign military authority if you are a member of that foreign military services. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Inmates:** We may use or disclose your medical information if you are an inmate of a correctional facility or other person in lawful custody and your physician created or received your medical information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION:** Except as otherwise permitted or required, as described above, we may not use or disclose your medical information without your written authorization. Further, we are required to use or disclose your medical information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any medical information at any time, except to the extent that we have taken action in reliance on such authorization. Your notice to revoke your authorization must be in writing.

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## 2. YOUR RIGHTS

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The following is a statement of your rights to your medical information and a brief description of how you may exercise these rights.

**RIGHT TO REQUEST RESTRICTIONS ON USE OR DISCLOSURE:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. If you paid out-of-pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we are required to honor that request. You also have the right to request a limit on the medical information we communicate about you to someone who is involved in your care or the payment for your care.

Except as noted above, we are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Contact. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure, or both; and
- To whom you want the limits to apply.