



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

A federal regulation, known as the "HIPAA Privacy Rule," Health Insurance Portability and Accountability Act of 1996, requires that we provide detailed notice in writing of our privacy practices. We know that this notice is long, however, the Privacy Rule requires us to address many specific things in this notice.

A. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

OSMC 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 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 realize that these laws are complicated, but we must provide you with the following important information:

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

We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you. If and when this notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised notice upon your request made to our Privacy Official.

B. WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT OUR PATIENTS IN THE FOLLOWING WAYS

- 1. Treatment.** We may use and disclose PHI about you to provide, coordinate or

manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, procedures and other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider or to coordinate care with your primary care physician.

2. Payment. OSMC may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use PHI for billing, claims management, and collection activities. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. 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.

3. Health Care Operations. OSMC may use and disclose PHI, as necessary, for our own health care operations to facilitate the function of the practice/facility and to provide quality care to all patients. Health care operations include such activities as: quality assessment and improvement activities, training programs, review and auditing, including compliance reviews, medical reviews, legal services, and business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

4. Appointment Reminders. We may use and disclose your PHI to contact you and remind you of an appointment (such as voicemail messages, letters, etc.)

5. Treatment Options. OSMC may use and disclose your information to inform you of potential treatment options or alternatives. For example, we may mail -you a newsletter or brochure about health-related services that may be of interest to you.

6. Release of Information to Family/Friends. We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object, then we may only use or disclose PHI if you do not object. If you are not present or unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are unable to communicate normally with your physician, we may find it in your best interest to give your prescription and other medical supplies to the friend or relative who brought

you in for treatment. We may also use and disclose PHI to notify such persons of your location, general condition, or death. We may also use professional judgment and our experience with common practice to make reasonable decisions in allowing a person to act on your behalf to pick up prescriptions, medical supplies, x-rays, or other things that contain PHI about you.

C. OTHER USES AND DISCLOSURES OSMC CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

Federal privacy rules or state law allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

1. When legally required. We will disclose your protected health information when we are required to do so by any federal, state or local law.

2. When There Are Risks to Public Health. We may disclose your PHI for the following public activities and purposes:

- ❖ To prevent, control, or report disease, injury or disability as permitted by law.
- ❖ To report vital events such as birth or death as permitted or required by law.
- ❖ To conduct public health surveillance, investigations and interventions as permitted or required by law.
- ❖ To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA.
- ❖ To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- ❖ To report to an employer information about an individual who is a member of the workforce as legally permitted or required. To report suspected abuse, neglect or domestic violence.

3. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

4. Law Enforcement. We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

5. Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your PHI in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been

notified of the request or that an effort was made to secure a protective order.

6. Coroners and Organ Donation. We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

7. Research. We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

8. In the Event of a Serious Threat to Health or Safety. We may use or disclose PHI about you if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

9. Specified Government Functions. In certain circumstances, federal regulations authorize us to use or disclose your protected health information to facilitate specified government functions relating to military activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

10. Inmates. OSMC 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 health care services to you, (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.

11. Workers Compensation. We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

D. USES AND DISCLOSURES WHICH YOU AUTHORIZE

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT

YOU.

Right to Request Restrictions. You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* However, if we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to the Privacy Official (we can provide you with a form for your convenience).

In your request, please include:

- ✓ the information you wish restricted
- ✓ whether you are requesting to limit our practice's use, disclosure or both; and
- ✓ to whom you want the limits to apply

Right to Receive Confidential Communications. You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to the Privacy Official (we can provide you with a form for your convenience), specifying the requested method of contact, or the location where you wish to be contacted. OSMC will accommodate *reasonable requests*. You do not need to give a reason for your request.

Right to Inspect and Obtain a Copy of your Protected Health Information. You may inspect and/or receive a copy of your protected health information, including patient medical records and billing records. You must submit your request in writing to the Medical Records Custodian. We will provide a form for you to make the request for your convenience. OSMC may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. OSMC may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

Medical Records Custodian
OSMC
2310 California Road
Elkhart, Indiana 46514
574-264-0791

Right to Receive an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your protected health information made by OSMC. The right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested,

disclosures that you agreed to by signing an authorization. The request for an accounting must be made in writing (we can provide you with a form for your convenience). The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to Request Amendments to Your Protected Health Information. You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to the Privacy Official, (we can provide you with a form for your convenience). You must give us a reason for the request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reasons for the request.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice any time.

Our Definition of OSMC:

OSMC includes Orthopedic & Sports Medicine Center of Northern Indiana, Inc., (all locations) and ASC Surgical Ventures, LLC., doing business as OSMC Outpatient Surgery Center.

F. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

**OSMC
2310 California Road
Elkhart, IN 46514
ATTN: Privacy Official**

The Privacy Official may be contacted by phone at 574-264-4163, extension 4224.

This notice was published and first became effective on April 14, 2003.