

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.

Orthopaedics, P.C. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Orthopaedics, P.C. please contact:

Julie Spiess, Practice Manager
Orthopaedics, P.C.
712-580-2022

I. How Orthopaedics, P.C. May Use or Disclose Your Health Information

Orthopaedics, P.C. collects health information from you and stores it on a computer. This is your medical record. The medical record is the property of Orthopaedics, P.C. but the information in the medical record belongs to you. Orthopaedics, P.C. protects the privacy of your health information. Generally, your health information may be used and disclosed by us only with your express written authorization. However, the law permits Orthopaedics, P.C. to use or disclose your health information for the following purposes also:

1. **Treatment:** We will use your information to coordinate, manage and provide your health care and related services by one or more health care providers including consultations and referrals.
2. **Payment:** We will use your information to obtain reimbursement for your health care. This would include determination of eligibility coverage, billing, claims management, collection, medical necessity, pre-certification/preauthorization of services and review of services.
3. **Regular Health Care Operations:** We will use your information in relationship to the function of the clinic. For example this would include legal services, quality assessment, improvement activities and training programs.
4. **Information provided to you.**
5. **Notification and Communication with Family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about you or your general condition. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. **Required by Law:** As required by law, we may use and disclose your health information.
7. **Public Health:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease

infection or exposure.

8. Health Oversight Activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying the location of a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased Person Information: We may disclose your health information to coroners, medical examiners and funeral directors.
12. Organ Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs or tissues.
13. Research: We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Orthopaedics, P.C.
14. Public Safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Worker's Compensation: We may disclose your health information as necessary to comply with the Worker's Compensation laws.
16. Marketing: We may contact you to provide appointment reminders or give you information about other treatments or health-related benefits and services that may be of interest to you.

II. WHEN ORTHOPAEDICS, P.C. MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, Orthopaedics, P.C. will not use or disclose your health information without your written authorization. If you do authorize Orthopaedics, P.C. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. YOUR HEALTH INFORMATION RIGHTS

1. You have the right to request restrictions on certain uses and disclosures of your health information. Orthopaedics, P.C. is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location.
3. You have the right to inspect and copy your health information.
4. You have a right to request that Orthopaedics, P.C. amend your health information that is incorrect or incomplete. Orthopaedics, P.C. is not required to change your health information and will provide you

with information about Orthopaedics, P.C. denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by Orthopaedics, P.C. except that Orthopaedics, P.C. does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations) and 4 (information provided to you) of Section 1 of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Julie Spiess, Practice Manager
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IV. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Orthopaedics, P.C. reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such an amendment is made, law requires Orthopaedics, P.C. to comply with this Notice. If the terms of this notice are changed we will post the revised notice in our facilities. We will provide individuals with a revised notice upon request.

V. COMPLAINTS

Complaints about this Notice of Privacy Practices or how Orthopaedics, P.C. handles your health information should be directed to:

Julie Spiess, Practice Manager
Orthopaedics, P.C.
712-580-2022

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Room 509 F. HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Office for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

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OF
ORTHOPAEDICS, P.C.