

## 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 READ IT CAREFULLY.**

### I. WHO WE ARE

This notice describes the privacy practices of **Orthopedic Associates of Lancaster, Ltd.**  
170 North Pointe Boulevard  
Lancaster, PA 17601

### II. OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of medical and health information about you (**Protected Health Information**) and to provide you with this Notice of our legal duties and privacy practices with respect to Protected Health Information. When we use or disclose Protected Health Information, we are required to abide by the terms of this Notice (or other notices in effect at the time of the use or disclosure). This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. This copy of this Notice is posted in our office and on our web site @ [www.fixbones.com](http://www.fixbones.com).

**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.**

### III. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

We are permitted or required to use your health information for various purposes. We cannot describe every possible use or disclosure of your health information in the Notice. However, uses or disclosures that we are permitted or required to make will generally fall within one of the following categories.

- **Treatment:** We may use and disclose Protected Health Information to provide treatment and other services to you—for example, to diagnose and treat your injury or illness, to provide for continuity of care if referral is required to another specialist, a diagnostic testing facility, or a physical therapist. In addition, we may contact you to provide appointment reminders. We may use and disclose PHI to certain surgical implant representatives for the purpose of determining prosthetic needs.
- **Payment:** We may use and disclose Protected Health Information to obtain payment for services that we provide 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 and disclose PHI to verify coverage, submit claims, and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

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. 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.

- **Health Care Operations:** We may use and disclose Protected Health Information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost-effectiveness of the care that we deliver to you.

For example, we may use Protected Health Information to evaluate the quality and competence of our staff or for purposes of education. We may disclose Protected Health Information internally to resolve any complaints and to ensure that you have a comfortable experience in the office. We may use or disclose PHI with outside organizations that evaluate, certify, or license health care providers or staff in a particular specialty or field. We may also disclose PHI for the health care operations of an “organized health care arrangement” in which we participate. An example of an “organized health care arrangement” is the joint care provided by a hospital and the doctors who see patients at that hospital.

- **Individuals Involved in Your Care or Payment for Your Care:** We may use and disclose protected health information to individuals involved in your care if that information is directly relevant to the person’s involvement and you do not object. For example, if you have surgery, we may discuss your physical limitations with a family member involved in your post-operative care. If you are 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, we may find it in your best interest to give your prescription or other medical supplies to the friend or relative who brought you to the office. We may also use and disclose PHI to notify such person of your location, general condition, or death. We may also coordinate with disaster relief agencies to make this type of notification. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests 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.
- **Required by Law:** We may use and disclose PHI as required by federal, state, or local laws. Any disclosure complies with the law and is limited to the requirements of the law.
- **Public Health Activities:** We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health. For example, we may use or disclose your PHI to report certain diseases, child abuse or neglect, reactions to medications, or problems with medical products regulated by the Food and Drug Administration., to assist with locating individuals for product recalls, to report possible exposure to a communicable disease or, under limited circumstances, to report to your employer workplace injuries or illness.
- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.
- **Lawsuits and Other Legal Proceedings:** We may use and disclose PHI when required by the court. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal processes when efforts have been made to advise you of the request or to obtain an order protecting the information requested.
- **Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials. For example, we may use or disclose PHI about a suspected crime victim, to locate or identify a suspect or missing person, to report a suspected crime committed at our office, or in response to a medical emergency not occurring at our office.
- **Coroners, Medical Examiners, Funeral Directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death.
- **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate those processes.
- **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.

- **To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.
- **Specialized Government Functions:** Under certain circumstances we may disclose PHI for military and veteran activities including determination of eligibility for benefits, for national security, to help provide protective services for the president and others, and for the health and safety of inmates and others at correctional institutions or other law enforcement custodial situations.
- **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. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.
- **Business Associates:** We may use and disclose PHI about you in certain functions of the practice performed by a business associate such as a consulting firm, an accounting firm, a law firm, or a record-copying service.
- **Workers' Compensation:** We may disclose PHI as authorized by the Workers' Compensation Act of Pennsylvania or other similar programs that provide benefits for work-related injuries or illness.
- **Incidental Disclosures:** We may disclose protected health information as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being called in the waiting room, or read your name on a sign-in sheet. Other patients may overhear information about you as you are participating in physical therapy.
- **Limited Data Sets:** We may use or disclose certain information that does not directly identify you for research, public health, or health care operations if the recipient of that information agrees to protect the information.

Certain types of health information are subject to more stringent protections under state law than those described above. Drug and alcohol treatment information may only be released with your authorization or pursuant to a Court Order in limited circumstances. Mental health records and HIV-related information such as information pertaining to HIV testing or your HIV status, may only be released without your authorization in limited situations under state law. Inmates being treated in our office are not entitled to receive a Notice of Privacy Practice.

#### **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 revoke your authorization at any time, except to the extent we have taken action based on the authorization.

#### **IV. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have the following rights regarding PHI 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.* 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 our Privacy Officer. In your request, please include (1) the information you want to restrict; (2) how you want to restrict the information; (3) to whom you want those restrictions 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 our Privacy Officer. You must specify how you would like to be contacted. We are required to accommodate *reasonable* requests.

- **Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI please contact our Privacy Officer. If you request a copy of PHI we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.
- **Right to Amend:** 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 make this type of request you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases, including it if is not in writing or if you do not give us a reason for the request
- **Right to Receive an Accounting of Disclosure:** You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative, or to certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Officer. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.
- **Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice at any time. To obtain a paper copy, please contact our Privacy Officer.

V. **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 Officer at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

VI. **QUESTIONS**

If you have any questions about this Notice, please contact our Privacy Officer at the address and telephone number listed below.

VII. **PRIVACY OFFICER CONTACT INFORMATION**

You may contact our Privacy Officer at the following address and phone number:

Privacy Officer  
Orthopedic Associates of Lancaster  
170 North Pointe Boulevard  
Lancaster, PA 17601  
717-299-4871

This notice was published and first became effective on April 11, 2003.  
Address change effective 8/27/09