



**ORTHOPEDIC  
ASSOCIATES  
OF LANCASTER, LTD**

Experienced, Specialized Care

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **ABOUT THIS NOTICE**

Orthopedic Associates of Lancaster (OAL) is required by law to maintain the privacy of protected health information and give you this notice explaining our privacy practices concerning that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your protected health information, and this notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this notice. A copy of this notice is posted in our office and on our website at [www.fixbones.com](http://www.fixbones.com).

### **What is Protected Health Information?**

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to:

1. Your past, present, or future physical or mental health or conditions.
2. The provision of health care to you.
3. The past, present, or future payment for your health care.

### **How We May Use and Disclose Your Protected Health Information**

We may use and disclose your Protected Health Information in the following circumstances:

- **For 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, provide continuity of care if a referral is required to another specialist, diagnostic testing facility, or physical therapist. We may use and disclose Protected Health Information to certain surgical implant representatives to determine prosthetic needs.
- **For 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 providing care or services. We may use and disclose Protected Health Information 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 Protected Health Information to consumer reporting agencies relating to the collection of payments owed to us.

We may also disclose Protected Health Information 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 Protected Health Information 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, including internal administration and planning and various activities that improve the quality and cost-effectiveness of the care 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 ensure that you have a comfortable experience in the office. We may use or disclose Protected Health Information with outside organizations that evaluate, certify, or license health care providers or staff in a particular specialty or field. We may also disclose Protected Health Information 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 and the doctors who see patients at that hospital.
- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services:**  
We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **Minors:** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research:** We may use and disclose your Protected Health Information for research purposes. Still, we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Without special approval, we may permit researchers to review the Protected Health Information to help them prepare for research. For example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to:
  1. Use the data set only for the purposes for which it was provided
  2. Ensure the confidentiality and security of the data
  3. Not identify the information or use it to contact any individual.
- **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.
- **As Required by Law:** We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates:** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide record-copying or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
- **Organ and Tissue Donation:** If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation, such as an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation:** We may disclose Protected Health Information as authorized by the Workers' Compensation Act of Pennsylvania or other similar programs that provide benefits for work-related injuries or illness, including, under limited circumstances, to report to your employer workplace injuries or illness.
- **Public Health Risks:** We may disclose Protected Health Information for public health activities. This includes

disclosures to:

1. A person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity.
2. Prevent or control disease, injury or disability
3. Report births and deaths
4. Report child abuse or neglect
5. Report reactions to medications or problems with products
6. Notify people of recalls of products they may be using
7. A person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **Abuse, Neglect, or Domestic Violence:** We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities:** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Disclosures Required by HIPAA Privacy Rule:** We are required to disclose Protected Health Information 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 Protected Health Information to you upon your request to access Protected Health Information or for an accounting of certain disclosures of Protected Health Information about you.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.
- **Law Enforcement:** Under certain conditions, we may disclose Protected Health Information to law enforcement officials as long as applicable legal requirements are met. For example, we may use or disclose Protected Health Information 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.
- **Military Activity and National Security:** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary:
  1. For the institution to provide you with health care
  2. To protect your health and safety or the health and safety of others
  3. The safety and security of the correctional institution
- **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.

## **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**

- **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 Protected Health Information 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 Protected Health Information to notify such person of your location, general condition, or death. 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 Protected Health Information about you.
- **Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

## **Your Written Authorization is Required for Other Uses and Disclosures**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information.
4. Disclosures of information subject to the special record protections below.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **Special Record Protections for HIV information, Alcohol and Substance Abuse information and Mental Health Information**

Certain types of health information are subject to more stringent protections under federal or state law than those described above. Drug, alcohol and substance use disorder (SUD) 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.

In no event will we use or disclose your SUD treatment records, in any civil, criminal, administrative or legislative proceedings by any federal, state, or local authority, against you, unless authorized by your consent or the order of a court after it provides you with notice and an opportunity to be heard.

## **Your Rights Regarding Your Protected Health Information**

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

- **Right to Inspect and Copy:** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in

an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Request Amendments:** If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the end of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an 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.
- **Right to an Accounting of Disclosures:** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will advise what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.
- **Out-of-Pocket-Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health 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 will honor that request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

#### **How to Exercise Your Rights**

To exercise your rights described in this notice, send your request, in writing, to our Privacy Officer at the address listed at the end of this notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your physician directly. To get a paper copy of this notice, con-

tact our privacy officer by phone or mail.

### **Changes To This Notice**

We reserve the right to change this notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current notice is posted in our office and on our website at [www.fixbones.com](http://www.fixbones.com).

### **Complaints**

#### **Secretary of the United States Department of Health and Human Service**

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

Mail to:

Secretary of the U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201

Call: (202) 619-0257, toll free (877) 696-6775

Website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

#### **Orthopedic Associates of Lancaster**

To file a complaint with us, contact our Privacy Officer at the address listed below. All complaints must be made in writing and must be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

Mail to:

Privacy Officer  
Orthopedic Associates of Lancaster  
170 North Pointe Boulevard  
Lancaster, PA 17601

Call: (717) 299-4871

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