

## TENNESSEE ORTHOPAEDIC CLINIC'S PC

### NOTICE OF PRIVACY POLICY

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.

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. Your "protected health information" means any written or oral information about you, including demographic data that can be used to identify you, created or received by your health care provider, which relates to your past, present, or future physical or mental health or condition.

#### **Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations.**

We may use your protected health information for the purposes of providing treatment, obtaining payment for treatment, and conduction health care operations. Your protected health information may be used or disclosed only for these purposes unless we have obtained your authorization or the use of disclosure is permitted or required by the HIPAA regulations or other law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by electronic means.

1. **Treatment.** We will use and disclose your protected healthcare information to provide, coordinate, or manage your health care and related services, including coordination and management with third parties for treatment purposes. Here are some examples of how we may use or disclose your protected health information for treatment:
  - a. We may disclose your protected health information to a laboratory to order tests.
  - b. We may disclose your protected health information to other physicians who may be treating you or consulting with us regarding your care.
  - c. We may disclose your protected health information to those who may be involved in your care after you leave here, such as family members or your personal representative.
  
2. **Payment.** We will use your protected health information to obtain payment for the services we provide to you. We may also disclose your protected health information to another provider involved in your care for their payment activities. Here are some examples of how we may use or disclose your protected health information for payment:
  - a. We may communicate with your health insurance company to get approval for the services we render, to verify your health insurance coverage, to verify that particular services are covered under your insurance plan, and to demonstrate medical necessity.
  - b. We may disclose your protected health information to anesthesia care providers involved in your care so they can obtain payment for their services.
  
3. **Health Care Operations.** We may use and disclose your protected health information to facilitate our own health care operations and to provide quality care to all of our patients. In certain situations, we may also disclose your protected health information to another provider or health plan for their health care operations. Here are some examples of how we may use or disclose your protected health information for health care operations:

- a. We may use your protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- b. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.

## **Uses and Disclosures of Protected Health Information Permitted without Authorization Required or Opportunity for the Individual to Object**

The Federal privacy rules allow us to use or disclose your protected health information without your authorization and without your having the opportunity to object to such use or disclosure in certain circumstances including:

1. **When Required By Law.** We will disclose your protected health information when we are required to do so by federal, state, or local law.
2. **For Public Health Reason.** We may disclose your protected health information as permitted or required by law for the following public health reasons:
  - a. For the prevention, control, or reporting of disease, injury or disability;
  - b. For the reporting of vital events such as birth or death;
  - c. For public health surveillance, investigations, or interventions;
  - d. For purposes related to the quality safety, or effectiveness of FDA-regulated products or activities, including:
    - Collection and reporting of adverse events, product defects or problems, or biological product deviations
    - Tracking of FDA-regulated products
    - Product recalls, repairs, or lookback,
    - Post-marketing surveillance
  - e. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition;
  - f. Under certain limited circumstances, to report to an employer information about an individual who is a member of the employer's workforce.
3. **To Report Abuse, Neglect, or Domestic Violence.** We may notify government authorities if we believe a patient is a victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically authorized or required by law, or when the patient agrees to the disclosure.
4. **For Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.
5. **For Judicial or Administrative Proceedings.** We may disclose your protected health information 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. We may disclose your protected health information in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court of administrative tribunal if we have received satisfactory assurances that you have been notified of the request or that an effort has been made to secure a protective order.
6. **For Law Enforcement Purposes.** We may disclose your protected health information to a law enforcement official for law enforcement purposes, including:
  - a. Wound or physical injury reporting, as required by law.

- b. In compliance with, and as limited by the relevant requirements of a court order or court-ordered warrant, a subpoena, summons, or similar process.
- c. Identification or location of a suspect, fugitive, material witness, or missing person.
- d. Under certain limited circumstances when you are the victim of a crime.

**7. For Research Purposes.** We may disclose 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 protected health information.

**8. For Specialized Government Functions.** We may use or disclose your protected health information, as authorized or required by law, to facilitate specified government functions related to military and veterans activities; national security and intelligence activities; protective services for the President and others; medical suitability determinations; correctional institutions and other law enforcement custodial situations.

## **Uses and Disclosures of Protected Health Information Permitted without Authorization Required but with an Opportunity for the Individual to Object**

We may use your protected health information to maintain a directory of patients in our facility. The information included in the directory will be limited to your name, your location in our facility, and your condition described in general terms.

You may object to these disclosures. If you do not object to these disclosures, or we determine in the exercise of our professional judgment that it is in your best interest for us to disclose information that is directly relevant to the person's involvement with your care, we may disclose your protected health information.

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

You have the following rights regarding your protected health information:

1. **The Right to Request Restriction of Uses and Disclosures.** You have the right to request that we not use or disclose certain parts of your protected health information for the purposes of treatment, payment, or healthcare operations. You also have the right to request that we do not disclose your protected health information to friends or family members who may be involved in your care, or for notification purposes as described earlier in this notice.
2. **The Right to Request Confidential Communications.** You have the right to request that you receive communications of protected health information from us by alternative means or at alternative locations. We must accommodate reasonable request of this nature.
3. **The Right to Inspect and Copy Protected Health Information.** You have the right to inspect and obtain a copy of your protected health information that is maintained in a designated record set for as long as we maintain the protected health information. The designated record set is a collection of records maintained by us, which contains medical and billing information used in the course of your care, and any other information used to make decisions about you.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger you or another person, or is likely to cause substantial harm to another person referenced

within the protected health information. You have the right to request a review of a denial of access.

If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us as a result of complying with your request.

Requests for access to your protected health information must be made in writing to the Privacy Officer.

4. **The Right to Amend Protected Health Information.** You have the right to request that we amend your protected health information in a designated record set for as long as we maintain that information. In certain cases we may deny your request. If we deny your request you will be notified in writing, and you will have the right to file a statement of disagreement with us.
5. **The Right to Receive an Accounting of Disclosures of Protected Health Information.** You have the right to request an accounting of disclosures of your protected health information made by us.
6. **The Right to Obtain a Paper Copy of this Notice.** Upon request, we will provide a paper copy of this notice.

## **Contact Information**

**PLEASE CONTACT THE PRIVACY OFFICER AT THE SITE YOUR SERVICES WERE GIVEN.**

## **Effective Date**

This Notice is effective April 14, 2003