



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY.**

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### **WHO WILL FOLLOW THIS NOTICE**

This notice describes Sillect Orthopedic Group practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of Sillect Orthopedic Group, **and the operations we outsource to certain of our business partners.**
- Any member of a volunteer group we allow to help you while you are at Sillect Orthopedic Group.
- All employees, staff, and other Sillect Orthopedic Group personnel.

All entities, sites, and locations follow the terms of this Notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or operation purposes described in this Notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Sillect Orthopedic Group. We need to record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Sillect Orthopedic Group. Your hospital may have different policies or notices regarding the hospital's use and disclosure of your medical information created in the hospital.

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Make available to you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect. This Notice may change, in the manner described below under the section entitled "Changes To This Notice."

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we provide examples, but not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **FOR TREATMENT.**  
We may use medical information about you to provide you with medical treatment or services.  
We may disclose medical information about you to doctors, nurses, technicians, medical students,

or other hospital personnel who are involved in taking care of you in a hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you to people outside the medical group who may be involved in your medical care, such as family members, clergy, or others we use to provide services that are part of your care.

- **FOR PAYMENT.**

We may use and disclose medical information about you so that the treatment and services you receive at Sillect Orthopedic Group may be billed to and payment may be collected from you, an insurance company or health plan, or other third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may have our bills and payment arrangements outsourced to one or more third party service providers who issue, process, and collect bills on your behalf.

- **FOR HEALTH CARE OPERATIONS.**

We may use and disclose medical information about you for Sillect Orthopedic Group operations. These uses and disclosures are necessary to run Sillect Orthopedic Group and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Sillect Orthopedic Group patients to decide what additional services Sillect Orthopedic Group should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Sillect Orthopedic Group personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific patients are.

- **APPOINTMENT REMINDERS.**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Sillect Orthopedic Group.

- **TREATMENT ALTERNATIVES.**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **HEALTH-RELATED BENEFITS AND SERVICES.**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.**

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are at Sillect Orthopedic Group. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- **RESEARCH.**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same

condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research being conducted, the project will have been approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for specific medical needs, so long as the medical information they review does not leave Sillect Orthopedic Group. We will almost always ask you for your specific permission (on an authorized form) if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at Sillect Orthopedic Group.

- **AS REQUIRED BY LAW.**  
We will disclose medical information about you when required to do so by Federal, State, or local law.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.**  
We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be someone able to help prevent the threat.
- **SPECIAL SITUATIONS.**  
We may also use and disclose medical information about you in the situations described below under the section entitled "Special Situations".

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to use will be made only with your written authorization. A form for those authorizations, both those that you request and those that we request, is available from the Privacy Officer at the location noted on the first page of this Notice. If you give us an authorization, you may later revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. In that case, however, we will be unable to take back any disclosures we have already made with your permission, and we will still be required to retain our records of the care that we provided to you.

## **SPECIAL SITUATIONS**

- **ORGAN AND TISSUE DONATION.**  
If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to 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 release medical information about you as required by military command authorities or, some cases if needed to determine benefits, to the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate authority.
- **WORKERS' COMPENSATION.**  
We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **PUBLIC HEALTH RISKS.**  
We may disclose medical information about you for public health activities.

These activities general include the following:

1. To prevent or control disease, injury, or disability.
  2. To report births and deaths.
  3. To report child abuse or neglect.
  4. To report reactions to medications or problems with products.
  5. To notify people of recalls of products they may be using.
  6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
  7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **HEALTH OVERSIGHT ACTIVITIES.**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - **LAWSUITS AND DISPUTES.**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
  - **LAW ENFORCEMENT.**

We may release medical information if asked to do so by a law enforcement official:

    1. In response to a court order, subpoena, warrant, summons, or similar process;
    2. To identify or locate a suspect, fugitive, material witness, or missing person;
    3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
    4. About criminal conduct at Sillect Orthopedic Group
    5. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
  - **CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS.**

We may release medical information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death.
  - **NATIONAL SECURITY, INTELLIGENCE, AND FEDERAL PROTECTIVE SERVICE ACTIVITIES.**

We may release medical information about you to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorized Federal officials where required to provide protective to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.
  - **INMATES.**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official where necessary for the institution to provide you with health care; to protect your health and safety; for the health and safety to others; or for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- ***RIGHT TO INSPECT AND COPY***

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

You must submit any request to inspect and copy your medical information to our Privacy Officer at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) If you request a copy of your information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

We may deny your request in certain very limited circumstances. If you are denied access to medical information, you may request that denial be reviewed. Another licensed health care professional chose by Sillect Orthopedic Group will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.

- ***RIGHT TO AMEND***

If you feel that medical information we have about you 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 Sillect Orthopedic Group.

You must submit any request for an amendment to our Privacy Officer at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for Sillect Orthopedic Group
3. Is not part of the information which you are permitted to inspect and copy; or
4. Is accurate and complete.

- ***RIGHT TO AN ACCOUNTING OF DISCLOSURES***

You have the right to request an “accounting of disclosures”. This is a list of the disclosures we have made of medical information about you, with some exceptions. The exceptions are governed by Federal Health Privacy Law, and may include:

1. Many routine disclosures for treatment, payment, and operations
2. Disclosures to you, and
3. Disclosures made from any Sillect Orthopedic Group patient directory as described above

You must submit any request for an accounting of disclosures to our Privacy Officer at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003, when current Federal Health Privacy Laws became effective for Sillect Orthopedic Group. (Your request should indicate whether you want the report on paper or electronic media.) There will be no charge for the first report you request within a 12-month period. For

additional reports, we may charge you for the costs of providing the report. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- ***RIGHT TO REQUEST RESTRICTIONS***

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Please note that we are not required to agree to your request; however, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit any request for restrictions to our Privacy Officer at the location noted on the first page of this Notice, in writing. (A form for that request is available from that office.) Your written request must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure, or both; and
3. To whom you want the limits to apply, for example, disclosures to your spouse.

- ***RIGHT TO A PAPER COPY OF THIS NOTICE***

You may ask us to give you a paper copy of this Notice at any time by contacting our Privacy Officer at the location noted on the first page of this Notice, even if you have agreed to receive this Notice electronically.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. When we do, we may make the changed Notice effective for medical information we already have about you then, as well as any information we receive in the future. We will post a copy of the current Notice in our Registration Office. The Notice will contain on the first page its effective date. Also, each time you register at Sillect Orthopedic Group for treatment or health care services, we will offer you a copy of the current Notice.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Sillect Orthopedic Group or with the Secretary of the Department of Health and Human Services. To file a complaint with Sillect Orthopedic Group, contact our Privacy Officer at the location noted on the first page of this Notice. All complaints must be submitted in writing.

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**



**ACKNOWLEDGEMENT OF AVAILABILITY OF  
NOTICE OF PRIVACY PRACTICES**

By signing this form, you acknowledge that you have been advised of the Notice of Privacy Practices of Sillect Orthopedic Group and that this Notice is available upon request. A copy of the Notice of Privacy Practices can be obtained by contacting our Privacy Officer at the address and telephone number listed above. The Notice of Privacy Practices provides information about how Sillect Orthopedic Group may use or disclose protected health information. We encourage you to read it in full.

The Notice of Privacy Practices is subject to change.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

***BELOW FOR OFFICE USE ONLY***

**FOR OFFICE USE ONLY - INABILITY TO OBTAIN ACKNOWLEDGEMENT**

To be completed only if it is not possible to obtain the individual's acknowledgement.

Describe the good faith efforts made to obtain the acknowledgment and the reason why the acknowledgment was not obtained.

\_\_\_\_\_  
\_\_\_\_\_

- Patient refused to sign the acknowledgement even though the patient was asked to do so and received a copy of the Notice of Privacy Practices.
- Patient was unable to sign due to a medical condition.
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Date