

NOTICE OF PRIVACY PRACTICES

OrthoKansas, PA
1112 West Sixth Street, Suite 124
Lawrence, KS 66044

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.

The physicians and staff at OrthoKansas, PA strive to maintain the confidentiality of your medical information. Beginning this year, we are required by law to provide you with this notice that explains our privacy practices.

OrthoKansas, PA is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain while providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing for those services. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

Ways in Which We May Use and Disclose Your Protected Health Information.

We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. *For example*, we may disclose your health information to other physicians who may be treating you. Additionally, during the course of your treatment, if the physician determines the need to consult with another specialist, we may disclose your health information to that physician whom we have requested to be involved in your care.

We may use and disclose your protected health information to obtain payment for the health care services we provide you. *For example*, if your insurance company requests additional information from us regarding the medical care given, we may provide that information to them.

We may use and disclose your protected health information for health care operations. *For example*, the state licensing authority wants to review records to assure that we have acted consistent with state law regarding your care. If during that process, it wants to take a sample, which includes a review of your chart, at the licensing authority request, we will provide it with a copy of your record.

Other Disclosures

We may use and disclose your protected health information to contact you or leave a message on your answering machine identifying the physician and the person calling.

Unless you object in writing, we may use and disclose your protected health information to notify a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care about your location and about your general condition or death.

Using our best judgment, we may disclose to a family member, other relative, close friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

We may use and disclose your protected health information for conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers.

We may use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

We may use and disclose your protected health information when required to by federal, state, or local law. You will be notified of any such disclosures.

We may disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability as required by law. We may disclose your protected health information to public authorities to report abuse or neglect as allowed by law.

We may use and disclose your protected health information to assist in disaster relief efforts.

We have business associates with whom we may share your protected health information. For example, when preparing our annual financial statements, auditors may need to review samples of the medical care given. We may disclose your health information to the accounting firm to prepare this material.

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

We may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant, consistent with applicable laws.

We may contact you to provide you with information about your treatment, appointments, or other health related benefits and services that may be of interest to you.

We may disclose to the Food and Drug Administration your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, or with your consent, or as directed by a proper court order.

We may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

We may disclose your protected health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, or in cases involving felony prosecutions, to a correctional institution or law enforcement official if you are an inmate of that correctional institution, or under the custody of the law enforcement official. The release would be 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; or (3) for the safety and security of the correctional institution.

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Your Health Information Rights

Although your health record is the physical property of OrthoKansas, PA, the information in it belongs to you.

You have the right to receive a paper copy of this notice upon request.

Right to Inspect and Copy

You may submit a written request (on the form we provide you) to inspect and/or obtain a copy of your protected health information that may be used to make decisions about you, including patient medical records and billing records but not including psychotherapy notes. A fee for the costs of copying, mailing, or other supplies used in fulfilling your request will be charged. You must submit your request to our Medical Records Department, c/o OrthoKansas, PA, 1112 W. Sixth Street, Suite 124, Lawrence, Kansas 66044. You may mail in your request, or bring it to our office. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay. If your request is denied, you have the right to file an appeal of access to your protected health information except in certain circumstance.

Right to Request Amendment

You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our practice manager,

stating exactly what information is incomplete or inaccurate and your reasoning that supports your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- It is the opinion of the health care provider that the information is accurate and complete
- The information was not created by us, or the person who created it is no longer available to make the amendment
- The information is not part of the record which you are permitted to inspect and copy
- The information is not part of the health information kept by this practice

You have the right to file a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.

Right to Request Restrictions

You have the right to request a restriction on certain uses and disclosures of your protected health information by delivering the request in writing to our office. We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.

Right to Request Accounting of Disclosures

You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than 6 years. Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, a fee for the costs of providing the subsequent list will be charged.

Right to File a Complaint

If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice administrator or directly to the Secretary of the Department of Health and Human Services. We cannot and will not require you to waive the right to file a complaint with the Secretary of the Department of Health and Human Services as a condition of receiving treatment from the office. We cannot and will not retaliate against you for filing a complaint with the Secretary of the Department of Health and Human Services.

To file a complaint with our administrator, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to OrthoKansas, PA, Practice Administrator, 1112 W. Sixth St., Suite 124, Lawrence, KS 66044. You should know that there is no retaliation for your filing a complaint.

Other Uses and Disclosures

Other uses and disclosures besides those identified in the Notice or the laws that apply to us will be made only as otherwise authorized by law or with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to “undo” or take back any disclosures we have already made with your permission. Please note, we are required to retain records of your care as mandated by state laws. You may revoke the authorization as previously provided.

Our Responsibilities

OrthoKansas, PA is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with notice as to our duties and privacy practices regarding the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices. We reserve the right to enact new provisions regarding the protected health information we maintain. If our practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office during normal business hours and picking-up a copy.

We regret the inconvenience this causes. If you have questions or would like additional information, you may contact our practice administrator at 785-843-9125. This Notice is effective April 14, 2003.