

ATLANTA ORTHOPAEDIC SPECIALISTS

NOTICE OF PRIVACY PRACTICES

(THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND YOUR RIGHTS REGARDING THE USE AND DISCLOSURE OF MEDICAL INFORMATION)

Please review carefully

OUR PLEDGE REGARDING MEDICAL INFORMATION

Atlanta Orthopaedic Specialists understands that your medical information is personal. We are required by law to assure that any medical information that identifies you is kept private and we are committed to protecting all such information held by this office. Your referring physician may have a different privacy policy. As an affirmation of our policies, we are providing this Notice of Privacy Practices.

WAYS WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU *(Every use/disclosure in a category may not be listed but all ways by which we are permitted by law to use/disclose information will fall within one of these categories.)*

For Treatment: To provide you with medical treatment or services. *Example:* to physicians, hospitals, therapists, MRI labs, outpatient surgical centers and others who may be involved in your treatment.

For Payment: To bill to, and collect payment from, an insurance company, a third party, or you. *Example:* your health plan may require information about treatment you have received in order to reimburse us, or you, for the treatment. We may also inform your health plan about a pending treatment in order to obtain prior approval or to determine coverage of such treatment by your plan.

For Healthcare Operations and Healthcare Delivery: For hospital admissions to assure that you receive quality care. *Example:* to physicians, nurses, technicians, medical students and other hospital personnel for review and learning purposes. We may remove information that identifies you from this set of medical information if it will be used to study health care and health care delivery.

Treatment Alternatives: To inform or recommend possible treatment options or alternatives.

Health-related Benefits and Services: To inform you of health-related benefits or services that may be of interest to you.

Individuals Involved In Your Care Or Payment For Your Care: To a family member or other caregiver who is involved in your medical care (including persons named in a Durable Health Care Power Of Attorney or similar document provided to Atlanta Orthopaedic Specialists); to a person who assists in paying for your care if they are designated as your legal guardian; to a disaster relief entity in order to notify your family of your location and condition.

Research: For research purposes, under certain circumstances. *Example:* a project comparing the health and recovery of patients receiving a specific course of treatment to others receiving another course of treatment for the same condition. A qualified approval process evaluates the use of medical information in order to protect patient's privacy and we will only disclose information in a project covered by this evaluation. We will almost always ask for your specific permission if the researcher will have access to your name, address or other identifying information.

As Required By Law: When required by federal, state, or local law.

To Avert A Serious Threat To Health Or Safety: To prevent a serious health or safety threat to you or others. Disclosures will be made to persons able to help prevent the threat.

Organ and Tissue Donation: To organizations that handle organ, eye or tissue transplantation.

Military and Veterans: As required by military command authorities if you are a member of the armed forces; to the Department of Veterans Affairs if you are eligible for certain benefits.

Worker's Compensation: for Worker's Compensation or similar programs.

Public Health Risks: For the prevention or control of disease, injury or disability; to report a death; to report reactions to medications or problems with products; to notify patients of product recalls; to notify patients who may have been exposed or at risk for contracting or spreading a disease; to notify authorities if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when authorized by law.

Health Oversight Activities: To a health oversight agency authorized by law. *Example:* audits, investigations, inspections and licensure necessary for the government to monitor the healthcare system.

Lawsuits and Disputes: In response to a valid court order or administrative order. *Example:* response to a subpoena, discovery request or other lawful process by others involved in the dispute. Every effort will be made to tell you about the request.

Law Enforcement: To a law enforcement official in response to a valid court order or similar process. *Example:* To report a crime or location of victims; identify or locate a suspect, fugitive, material witness or missing person; about a death we believe may be the result of criminal conduct; about criminal conduct on the premises of Atlanta Orthopaedic Specialists.

Coroners, Medical Examiners and Funeral Directors: In the event of a death; to funeral directors if requested by the patient's family.

National Security and Intelligence Activities, Protective Services for the President: To authorized federal officials for intelligence, counterintelligence, protective services to the President and foreign heads of state.

Inmates: To the institution or law enforcement officers if you are a penal inmate.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION: *(You have the following rights regarding medical information we maintain about you).*

****Inspect and receive a copy** of information used to make decisions about your care.

****Request an amendment** to information you feel is incorrect.

****Request a list of disclosures** made of your information.

****Request restrictions** on information disclosure.

****Request confidential communications** by receiving information at alternative locations.

****A paper copy of this notice** may be provided upon request at any time. A copy showing the effective date will be available at all times in this office.

All the above must be requested in writing: forms to be provided by Atlanta Orthopaedic Specialists.

You will be subject to a fee for the costs of copying, mailing, or other supplies. Under certain circumstances, your request may be denied; however, you may request a review of the denial. Any forms filed will be made a part of your medical record.

COMPLAINTS: If you feel your rights have been violated, you may file a written complaint with our office or with the secretary of the Department of Health and Human Services. ***You will not be penalized.***

CHANGES TO THIS NOTICE: We reserve the right to change this notice effective for current and future medical information we have on file about you. Other uses and disclosures not covered by this notice will be made only with your written permission, which you may revoke at any time.