

## Notice of Privacy Practices

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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.**

### Our Responsibilities to You

Our practice is committed to protecting your health information. We are required by law and promise to do the following:

- Maintaining the privacy and security of your protected health information.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- If you grant us permission, you may change your mind at any time. You must let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### How You May Choose to Have Your Health Information Shared

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### Family, Friends, and Others

You can give us the names and contact information of any family members, friends, or others involved in your care who you want to have access to your personal health information, billing and/or appointment records. We will ask you for the name of the person(s) you wish to have access to your information during registration and we keep their name(s) on file. To obtain information by telephone, the person calling the practice must share at least two of your personal identifiers with the staff. We will verify that the party contacting the office is named on your HIPAA Disclosure Permissions List. You have the right to add or remove persons with access to your health information by signing a new HIPAA Disclosure Permissions List.

We may release your information to disaster relief organizations to facilitate communications with your family, friends, and others involved in your care. We will seek your approval before doing so unless it interferes with the emergency response.



If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

## **There are some situations that always require your written permission for us to share your health information**

### **Marketing**

Most uses and sharing of your health information for marketing purposes or the sale of your health information would require your written authorization. However, we do not sell or share your health information with other parties for marketing purposes.

Generally, as long as we do not receive payment, it is not marketing to send you (1) refill reminders or information about prescribed drugs; (2) communications related to your treatment, care coordination/case management, or recommending alternative treatment, providers, or care settings; and (3) descriptions of a health-related product or service we offer. We may also send you notifications about new physicians, new services, and other news about our practice. Please contact us if you do not wish to receive any of the communications above.

### **Substance Use Disorder and Mental Health Records**

As an orthopedic practice, we do not typically have substance use disorder or mental health notes. This type of health information is only able to be released with your authorization. If we become a “lawful holder” of substance use disorder treatment records sent by a program under 42 C.F.R. Part 2, we will only use and disclose those records as permitted or required by the regulations.

## **How We May Use or Share Your Health Information**

We typically use or share your health information in the following ways.

### **Providing Treatment to Patients**

We can use your health information to provide treatment or share it with other professionals, such as your primary care physician, who are treating you.

*Example: The Orthopedist treating you for an injury asks another doctor or nurse in the practice about your overall health condition. Or your treating Orthopedist shares information about your surgery with your primary care physician.*



## **Operating our Practice**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to review your treatment and see if there are better treatment options available.*

## **Billing and Receiving Payment for Services**

We can use and share your health information to bill and get payment from your health insurance company.

*Example: We share information about your office visit with your health insurance plan so it will pay for your services.*

## **Business Associates**

We may share your health information with contractors and vendors who need patient information to work on our behalf. All of our Business Associates sign a contract with us requiring them to protect any health information we share with them.

*Example: We share information related to your office visit or surgery with a third-party billing company.*

## **Other Ways We May Share Your Health Information**

We are allowed or required to share your information in other ways, such as public health and research, provided we meet conditions in the law.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Workers' Compensation**

We can use or share your information for workers' compensation purposes as allowed by state law.

## **Public Health**

We can share your health information for disease reporting, public health investigations, or reporting quality, safety, or effectiveness data to the Food and Drug Administration. We will also provide information to a federal or state agency that oversees the health care system or government benefit programs for audits, investigations, inspections, proceedings, or disciplinary actions.

### **Abuse, Neglect, or Exploitation**

We may submit your information to the appropriate authorities if our staff or providers suspect child or adult abuse, neglect, or exploitation, or other domestic violence

### **Clinical Research**

We can use or share your information for health research.

### **As Required by Law**

We will share your health information about if state or federal laws require it. In some cases, the Department of Health and Human Services may ask for health information to see if we are re complying with federal privacy laws.

### **Legal Proceedings and Law Enforcement/Government Purposes**

We may provide information in response to a court order, subpoena, discovery request, or other legal requests. We may also disclose your information for certain law enforcement purposes, including for locating or identifying missing persons or suspects, for crime victims, for decedents, if there is a crime on our property, or for a medical emergency. Certain government purposes may also allow us to release your information, including Military/Veterans Administration, national security, Presidential protective services, or National Criminal Background Check purposes. If you are an inmate, we may release information to the facility or person that has custody of you for certain purposes.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **De-identified Health Information**

We may use your health information to create “de-identified” information that linked or traceable back to you. We may also disclose your health information to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.

## **Limited Data Set**

We may use your health information to create a “limited data set” (health information that has certain identifying information removed). We may also disclose your health information to a business associate for the purpose of creating a limited data set, regardless of whether we will use the limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any person receiving the limited data set must sign an agreement to protect the health information.

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

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. You have the right to:

### **Access and request a copy of your health information.**

Although your medical record is the property of our practice, you are entitled to receive a copy of your medical record at any time. Under HIPAA, we are allowed to charge a small fee to cover the cost of copying your record. If you would like us to send your record(s) to another party, you must sign our written request form in order for us to release those records. We have 30 days to provide records once you have submitted the necessary written request.

Requests for completion of medical-related forms, such as Disability or Family Medical Leave Act (FMLA) forms, require information from your visit but may also require your physician to address specific questions directly. There is a fee for any form that is requested to be completed by the practice. Once the fee and signed Authorization for Release of Medical Records form have been received, the form(s) will be processed. Payment for forms is required in advance.

### **Choose someone to make medical decisions for you.**

If someone is your legal guardian or you have given someone medical power of attorney, that person can exercise your rights and make choices about your health information. Before we take any action, we will make sure that person can legally act for you before we take any action by requesting and reviewing copies of the applicable paperwork.

### **Request changes to your medical record.**

You can ask us to correct health information about you that you think is incorrect or incomplete. We may not agree to your request, but we will tell you why within 60 days of receiving your request.



### **Receive confidential communications.**

You can ask us to send confidential communications by alternative means or to alternative locations. Such request must be in writing, and we must accommodate reasonable requests.

### **Request limitations on how information is shared.**

You can request reasonable restrictions as to how we use or share your health information for treatment, payment, or healthcare operations. All requests must be in writing.

### **Receive a list of those with whom we have shared information.**

You may request a list of those with whom we have shared your information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for treatment, payment, and healthcare operations, and certain other disclosures (such as those you requested). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another list within 12 months.

### **Receive copy of this Notice.**

We will provide you with a paper copy of this Notice upon your request, even if you have agreed to receive a copy electronically.

### **File a complaint if you feel your rights are violated.**

You can complain if you feel we have violated your rights by contacting us using the information below or by contacting the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). Our practice will not retaliate against you for filing a complaint.

## **Contact**

Our Privacy Officer may be contacted by writing to the following address:

American Orthopedic Partners  
7111 Fairway Drive, Suite 450  
Palm Beach Gardens, FL 33418  
Attention: Privacy Officer

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.