

Notice of Privacy Practices

Effect Date of this Notice: 04/04/03

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit a physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many healthcare professionals who contribute to your care. Understanding what is in your medical record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

We, at Orthopedics New England (OrthoNE) pledge to provide you with the highest quality of care and to build a relationship that is based on trust. This trust includes our commitment to respect the privacy and confidentiality of your health information.

This Notice of our Privacy Practices is being given to you because federal law gives you the right to be told ahead of time about:

1. How OrthoNE will handle your medical information
2. What our legal duties are related to your medical information
3. What your rights are with regard to your medical information
4. A method for filing complaints about our privacy practices

1. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

When you need health care, you give information about yourself and your health to doctors, nurses, and other health care workers and staff. This information, along with the record of care you receive, is “protected health information” (or “health information”). This information is kept in a paper form such as your medical record and in an electronic form on the computer.

(A) OrthoNE uses and discloses (shares) health information for many different reasons. For some of these uses and disclosures, we will need to obtain prior written authorization (permission). However, OrthoNE may legally use or disclose your health information for treatment, payment, and health care operations. We do not need to receive prior authorization for uses and disclosures described within the following categories:

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose (share) medical information about you to other doctors, and health care providers involved in your care.

For Payment. We may use and disclose (share) your health information in order to bill and collect payment for the treatment and services provided you.

For Healthcare Operations. We may disclose (share) your health information for activities that are known as health care operations. We may also share your health information with outside parties (“business associates”) who perform services on behalf of MWNW. These business associates must agree to keep your health information private. Examples of activities that make

up health care operations include; legal counsel, transcription, storage, auditing, and consulting services.

(B) Other uses of your health information. OrthoNE may use your health information to contact you about:

- Scheduled appointments, registration/insurance updates, pre-procedure assessments or test results
- Information about patient care issues and treatment choices;

Other Specific Uses and Disclosures that DO NOT REQUIRE YOUR CONSENT.

- a) **When disclosure of health information is required by federal, state, or local law, administrative or legal proceedings, health oversight activities, or by law enforcement.**
- b) **For public health activities.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- c) **For business associates.** There are some services provided in our practice through contracts with business associates. Examples include labs, PT, home health care, etc.. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have requested them to do and, bill you or a third party payer for services rendered.
- d) **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm.
- e) **For specific government functions.** We may disclose health information of military personnel and veterans in certain situations. We may also disclose health information for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- f) **For worker's compensation purposes.** We may provide health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs.
- g) **Appointment reminders and health related-benefits or services.** We may use health information to provide appointment reminders or give you information about, treatment alternatives, or other health care services or benefits we offer.

(C) The Use and Disclosure Requiring You to Have the Opportunity to Object

Disclosure to family, friends or others. OrthoNE using its best judgment, may disclose health information to a family member, friend, or other person that you indicate, unless you object in whole or in part, health information relevant to that person's involvement in your care or payment related to your care. The opportunity to get your authorization may be obtained retroactively in emergency situations.

(D) All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections 1 (A) through (C), we will ask for your written authorization before using or disclosing any of your health information.

2. OUR LEGAL DUTIES TO PROTECT YOUR HEALTH INFORMATION

OrthoNE is required by law to:

- Make sure that medical information that identifies you is kept private.
- Provide you with this notice that explains our privacy practices, detailing how, when, and why we use and / or disclose (share) your health information.
- Follow the terms of the Notice currently in effect. However, we reserve the right to change our privacy policies and the terms of this notice at any time. Any changes will apply to the health information we already have. Before any important policy change go into effect, we will change this Notice, the new Notice will be posted on our web site www.MWNW.com and in a clearly visible location within our practice site(s) for public viewing.

You may download, view and print copies of our Notice of Privacy Practices from our website at: www.orthopedicsne.com/privacy.htm. Click on the link [Our Notice of Privacy Practices \(.pdf\)](#) to download.

3. YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- A. Request Limits on Uses and Disclosures of Your Health Information:** You have the right to ask for restrictions on the use and disclosure (sharing) of your health information for treatment, payment or health care operations. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that are legally required or allowed to make.
- B. The Right to ask that Your Health Information Be Communicated to You in a Confidential Manner:** You have the right to ask that your health information to be sent to you in different ways. For example phone, or only call at your home rather than at work. Your request must be in writing and explain the method of contact and location where you wish to be contacted. We will try to honor your request as long as we can easily provide it in the format you request.
- C. The Right to See and Get Copies of Your Health Information:** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request, in writing. We will respond within thirty (30) days from the receipt of your request. If you ask for a copy of your records, you may be charged a nominal fee.
- D. The Right to Receive an Accounting of Disclosures (a record of when and to whom, your health information was shared without your authorization).** You have the right to obtain a list of the instances that we have shared your health information. You must make this request in writing. You may request as far back as six years, beginning April 14, 2003.

The list will not include uses or disclosures that you have already consented to, such as those made for the treatment, payment, or health care operations, directly to you or your family. The list also will not include uses or disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

We have 60 days to respond to your written request. If we do not act on your request within the 60 days, we will notify you that we are extending the response time by 30 days. If we do that, we will explain the delay in writing and give you a new date of when to expect a response. We will provide this list at no

charge, but if you make more than one request in the same year, we will charge you a nominal fee for each additional request.

- E. **The Right to Correct or Update your Health Information.** If you believe there is a mistake in your health information or a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing.

We have 60 days to respond to your request. We may deny your request, in writing, if the health information is; (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your rights to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your health information.

4. HOW TO COMPLAIN ABOUT YOUR PRIVACY PRACTICES

If you think that OrthoNE may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint with our Privacy Officer. You also may send a written complaint to either:

Office for Civil Rights - Region I Office:

Office for Civil Rights
U.S. Department of Health & Human Services
JFK Federal Building - Room 1875
Boston, MA 02203

Or to the,

Secretary of the Department of Health and Human Services
200 Independence Avenue
S.W. Washington, D.C. 20201

Or online at:

<http://www.hhs.gov/ocr/privacyhowtofile.htm>

Or via email to:

OCRComplaint@hhs.gov

OrthoNE will take no retaliatory action against you if you file a complaint about our privacy practices.

PERSON TO CONTACT FOR INFORMATION

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of Health and Human Services, please contact our Privacy Officer at 508-650-0471.