



CARROLLTON
ORTHOPAEDIC
CLINIC

NOTICE OF PRIVACY PRACTICES

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. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT THE CARROLLTON ORTHOPAEDIC CLINIC, ATTN: PRIVACY OFFICER, 150 CLINIC AVE, SUITE 101, CARROLLTON, GA 30117, PHONE: (770) 834-0873

We are required under the federal health care privacy rules & (the "Privacy Rules"), to protect the privacy of your Protected Health Information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history collectively, ("Health Information"). We are also required to provide you with this Privacy Notice regarding your legal duties, policies and procedures to protect and maintain the privacy of your Health Information. We are required to follow the terms of this Privacy Notice unless (and until) it is revised.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:

1. **General Uses and Disclosures.** Under the Privacy Rules, we are permitted to use and to disclose your Health Information for the following purposes, without obtaining your permission or authorization.

Treatment. We are permitted to use and disclose your Health Information in the provision and coordination of your health care. For example, we may disclose your Health Information to your primary health care provider, consulting providers, and to other care personnel who have a need for such information for your care and treatment.

Payment. We are permitted to use and disclose your Health Information for the purposes of determining coverage, billing and reimbursement. This information may be released to an insurance company, third party payor, or other authorized entity or person involved in the payment of your medical bills and may include copies or portions of your medical record which are necessary for payment of your bill. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment.

Health Care Operations. We are permitted to use and disclose your Health Information during our health care operations, including, but not limited to: quality assurance, auditing, licensing or credentialing activities, and for educational purposes. For example, we can use your Health Information to internally assess our quality of care provided to patients. We may use and disclose Health Information to contact you to remind you that you have an appointment for medical care.

Data Breach Notification. We may use or disclose Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Uses and Disclosures Required by Law. We may use and disclose your Health Information when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.

Public Health Activities. We may disclose your Health Information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.

Abuse and neglect. We may disclose your health information to a local, state, or federal government authority, if we have a reasonable belief of abuse, neglect or domestic violence.

Regulatory Agencies. We may disclose your health information to a health care oversight agency for activities authorized by law, including but not limited to, licensure, investigation and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.

Judicial and Administrative Proceedings. We may disclose your health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.

Law Enforcement Purpose. We may disclose your health information to law enforcement officials when required to do so by law.

Coroners, Medical Examiners, Funeral Directors. We may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out other duties.

Decedents. We may make relevant disclosures to the deceased's family and friends under the same circumstances such disclosures were permitted when patient was alive.

Research. Under certain circumstances, we may disclose your health information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person of the public, or is necessary for law enforcement to identify or apprehend an individual.

Specialized Government Functions. If you are a member of the US Armed Forces, we may disclose your health information as required by military command authorities. We may also disclose your health information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.

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

Worker's Compensation. We may disclose your health information to your employer to the extent necessary to comply with Georgia laws relating to workers compensation or other similar programs.

Fundraising. We may use or disclose your health information to make a fundraising communication to you, for the purpose of raising funds for our own benefit. Included in such fundraising communications will be instructions describing how you may ask not to receive future communications.

Appointment Reminders/Treatment Alternatives. We may use or disclose your health information to remind you of an appointment for treatment and medical care at our office or to provide you with information regarding treatment alternatives or other health-related benefits and services that may be of interest to you.

Childhood Immunizations. Physicians may disclose immunization information to schools required to obtain proof prior to admitting the student so long as we have and document the patient or guardian's informal agreement to the disclosure.

Business Associates. We may disclose your health information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your health information.

Other uses and Disclosures. In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the privacy rules.

2. Uses and Disclosures Which Require Patient Opportunity to Verbally Agree or Object. Under the Privacy Rules, we are permitted to use and disclose your Health Information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclose of your Health Information.
3. Uses and Disclosures Which Require Written Authorization. As required by the Privacy Rules, all other uses and disclosures of your Health Information (not described above) will be made only with your written Authorization. For example, in order to disclose your Health Information to a company for marketing purposes, we must obtain your Authorization. Under the Privacy Rules, you may revoke your Authorization at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

PATIENT RIGHTS

You have the following rights concerning your Health Information:

1. Right to Inspect and Copy your Health Information. Upon written request, you have the right to inspect and copy your own Health Information contained in a designated record set, maintained by or for use. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the Health Information that we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or use in, civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that certain denials to inspect and copy your Health Information be reviewed. If you request a copy or summary of explanation of your Health Information, we may charge a reasonable fee for copying costs, including the cost of supplies and labor, postage, and any other associated costs in preparing the summary or explanation.
2. Right to Request Restrictions on the Use and Disclosure of Your Health Information. You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and health care operations, as well as disclosures to persons involved in your care or payment for you care, such as family members or close friends. We will consider, but do not have to agree to, such requests. The sale of your Health Information is prohibited in the absence of the patient's written authorization, and also extends to licenses and/or lease agreement, and to the receipt of financial or in-kind benefits.
3. Right to Request and Amendment of Your Health Information. You have the right to request an amendment of your Health Information that: was not created by use, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for use; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and description of how you may file a complaint.
4. Right to an Accounting Disclosure of Your Health Information. You have the right to receive an accounting of disclosures of your Health Information made by us within six (6) years prior to the date of your request. The accounting will not include: disclosures related to treatment, payment or health care operations; disclosures to you; disclosures based on you Authorization; disclosures that are part of a limited Date Set; incidental disclosures;

disclosures to persons involved in your care or payment for your care; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; or disclosures that occurred prior to April 14, 2003.

5. Right to an Electronic copy of Electronic Medical Records. If your Health Information is maintained in an electronic format (EMR or EHR), you have the right to request that an electronic copy of your record be given or transmitted to you. We will make every effort to provide the Health Information in the format that you request, if it is readily reproducible. We may charge you a reasonable, cost based fee for the labor associated with transmitting the electronic medical record. We may send Health Information in an unencrypted format if the requesting individual is advised of the risk.
6. Right to Get a Notice of Breach. You have the right to be notified upon a breach of any of your unsecured Health Information.
7. Right to Confidential Communications. You have the right to receive confidential communications of your Health Information by a different means or at a different location than currently provided. For example, you may request that we only contact you at home or by mail.
8. Out of Pocket Payments. If you pay your expenses out of pocket (if you request we not bill your insurance in full), you have the right to ask that your Health Information with respect to that service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
9. Right to Receive a Paper Copy of this Privacy Notice. You have the right to receive a paper copy of this Privacy Notice upon request, even if you have agreed to receive this Privacy Notice electronically.

HOW TO EXERCISE YOUR RIGHTS

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with us, by sending a notice to our Privacy Officer at the address listed at the beginning of this notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.S., Washington, D.C. 20201 or call (877) 696-6775. Complaints filed directly with the Secretary must be made in writing, name us, describe the acts or omissions in violation of the Privacy Rules or our privacy practices, and must be filed within 180 days of the time you knew or should have known of the violation. Complaints submitted directly to us must be in writing and to the attention of our Privacy Officer. There will be no retaliation for filing a complaint.

The Effective Date of the Privacy Notice is April 15, 2003, the Notice was Revised effective Sept 23, 2013.