

Cape Fear Orthopaedic Clinic

NOTICE OF PRIVACY PRACTICES

Effective April 1, 2003

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. Our Commitment To Your Privacy

Our practice is dedicated to maintaining the privacy of your protected health information ("PHI"). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI;
- Your privacy rights; and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions regarding this notice, please contact:

Cape Fear Orthopaedic Clinic, P.A.
Attention: HIPAA Privacy Officer
4140 Ferncreek Drive, Suite 801
Fayetteville, NC 28314
(910) 484-2171

C. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The following categories describe the different ways we may use and disclose PHI for treatment, payment, and health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

1. **Treatment.** Our practice may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, diagnostic testing, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you.
2. **Payment.** Generally, we may use and disclose your PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.
3. **Health Care Operations.** We may use and disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for "health care operations" including the following:
 - Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding how we can improve the medical treatment we provided to others.
 - Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, and educational classes.
 - Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
 - Providing training programs for students, trainees, health care providers or non-health care professionals (i.e. billing clerks, assistants, etc.) to help them practice or improve their skills.
 - Cooperating with outside organizations that assess the quality of the care we and others provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
 - Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one of our medical assistants may become certified as having expertise in a specific field of care.
 - Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by our accountants, lawyers, and others who assist us in complying with applicable federal and state laws and managing our business.
 - Conducting business management and general administrative activities related to our organization and the services it provides.

- Creating “de-identified” information that is not identifiable to any individual.

We may disclose PHI for the health care operations of an “organized health care arrangement” in which we participate. An example of an “organized health care arrangement” is the joint care provided by a hospital and the doctors who see patients at the hospital.

Communication from Our Office: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

D. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Uses and Disclosures for Which You Have the Opportunity to Agree or Object

We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI.

- **Individuals Involved in Your Care or Payment of Your Care:** We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the persons’ involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment. We may also use and disclose PHI to notify such persons of your location and/or general condition. We may also coordinate with disaster relief agencies to make this type of notification. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up prescriptions, medical supplies, x-rays, or other things that contain PHI about you.

E. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

1. **Required By Law:** Our practice may use and disclose PHI as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.
2. **Public Health Activities:** Our practice may use and disclose your PHI to public health authorities or other authorized persons to carry out certain activities related to public health for the purpose of:
 - maintaining vital records, such as births and deaths;
 - reporting PHI as it relates to victims of child abuse or neglect;
 - preventing or controlling disease, injury or disability;
 - notifying a person regarding potential exposure to a communicable disease and/or regarding a potential risk for spreading or contracting a disease or condition;
 - reporting reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
 - notifying individuals if a product or device they may be using has been recalled; or
 - reporting to your employer, under limited circumstances, information related primarily to workplace injury or illness, or workplace medical surveillance.
3. **Abuse, Neglect, or Domestic Violence:** Our practice may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.
4. **Health Oversight Activities:** Our practice may disclose PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
5. **Lawsuits and Other Legal Proceedings:** Our practice may use and disclose PHI in response to a court or administrative tribunal order. We also may disclose PHI in response to discovery requests, subpoenas, or other lawful process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.
6. **Law Enforcement.** Under certain conditions, our practice may disclose PHI to law enforcement officials for the following purposes where the disclosure is:
 - About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person’s agreement because of incapacity or emergency;
 - To alert law enforcement of a death we believe has resulted from criminal conduct;
 - Required by law;
 - About a crime or suspected crime committed at our office;
 - In response to a warrant, summons, court order, subpoena or similar legal process;
 - To identify/locate a suspect, material witness, fugitive or missing person;
 - In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or victim(s), and the description or identity of the person who committed the crime.
7. **Coroners, Medical Examiners, Funeral Directors:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information to funeral directors, as authorized by law, so that they may carry out their jobs.
8. **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.
9. **Research:** Our practice may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.
10. **To Avert a Serious Threat to Health or Safety:** Our practice may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to persons who are able to help prevent the threat.

Specialized Government Functions: Under certain circumstances we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans or veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the president and other officials or foreign heads of state;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities.

Disclosures required by HIPAA Privacy Rule: Our practice is required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in

certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (those requests are described in Section G of this Notice).

11. **Workers' Compensation.** Our practice may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

F. **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION**

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

G. **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have the following rights regarding PHI about you:

1. **Right to Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we send your billing statement to your P.O. Box rather than your home address or contact you at home rather than work. You must submit a written request to our *HIPAA Privacy Officer* specifying the requested method of contact, or the location where you wish to be contacted. We are required to accommodate *reasonable* requests. You do not need to give a reason for your request.
2. **Right to Request Restrictions.** You have the right to request additional restrictions on the PHI that we may use for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care that otherwise are permitted by the Privacy Rule. ***We are not required to agree to your request;*** however, if we do agree, we are bound by our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our *HIPAA Privacy Officer*. Your request must describe in a clear and concise fashion:
 - (a) the information you want restricted;
 - (b) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both);
 - (c) to whom you want the restrictions to apply.
3. **Right to Inspect and Copy.** You have the right to request the opportunity to inspect and obtain a copy of the PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. To inspect and copy PHI you must submit a written request to our *HIPAA Privacy Officer*. Our practice may charge a fee for the cost of copying, mailing, labor and/or supplies associated with your request. We may deny your request to inspect and copy PHI only in limited circumstances; however, you may request a review of our denial.
4. **Right to Amend.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our *HIPAA Privacy Officer*. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice. If we accept your request to amend your PHI, we will make reasonable efforts to inform persons you name who have received PHI about you and who need the amendment.
5. **Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of PHI about you. An "accounting of disclosures" is a list of disclosures made by our practice during a specified period of up to six years other than disclosures made: for treatment, payment, and health care operations; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. In order to obtain an accounting of disclosures, you must submit your request in writing to our *HIPAA Privacy Officer*. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of the request and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may choose to withdraw your request before you incur any costs.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact our *HIPAA Privacy Officer* at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

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All complaints must be submitted in writing.

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