# Privacy Policy Statement

**Northwest Orthopaedic Surgery**
**8901 Activity Rd. Suite 205**
**San Diego, CA 92126**

**Privacy Officer: Brianna Fox**
**858.703.6964**

**Effective Date**: This Policy is in effect as of 01/29/2019.

**Expiration Date:** This Policy remains in effect until it is either superseded or cancelled.

## Purpose

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. ***PLEASE REVIEW IT CAREFULLY.***

Protected Health Information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with Northwest Orthopaedic Surgery. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Northwest Orthopaedic Surgery is required to follow specific rules related to maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

## Privacy Officer

The privacy officer is assigned the responsibility of implementing and maintaining the privacy policies and procedures of this medical practice in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Privacy and Security Rule requirements, and California law. The Privacy Official or his/her designee shall be the contact person to handle all questions, concerns or complaints regarding the privacy and security of protected health information.

## Uses and Disclosures of Protected Health Information

Northwest Orthopaedic Surgery shall only use or disclose protected health information as required or permitted by our Notice of Privacy Practices, HIPAA, and California law. The individual who is the subject of the information has received our Notice of Privacy Practices and has acknowledged receipt of the Notice. This medical practice may use protected health information it obtains or creates for the proper management and administration of this medical practice or to carry out its legal responsibilities as permitted or required by the law.

## Business Associates
Business associates must be contractually bound to protect health information to the same degree as set forth in this policy.

## Inspect and Copy
You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making any decision about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying by law. This medical practice will charge a reasonable cost based fee to the patient for electronic or paper copies. This fee is assessed to cover the cost of skilled labor required to assemble and create an electronic or paper copy and/or the cost of media requested by the patient for the copy.

If you wish to inspect or copy your medical information, you must submit your request in writing to our practice manager. You may mail in your request, or bring it to our office. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored offsite, we are allowed up to 60 days to respond but must inform you of this delay.

## Request Amendment
You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our practice manager, stating exactly what information is incomplete or inaccurate and the reasoning that supports your request. We will respond in writing within 60 days of your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if: The information was not created by us, or the person who created it is no longer available to make the amendment;
The information is not part of the record which you are permitted to inspect and copy:
The information is not part of the designated record set kept by this practice; or if it is the opinion of the health care provider that the information is accurate and complete.

We will respond within 60 days, in writing, explaining of the request was accepted or denied.

## Request an Alternative Means of Confidential Communication
You have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, {using a form provided by our practice}, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

## Request a Restriction of your PHI
This means you have the right to ask us, in writing, not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction.

## An Accounting of PHI Disclosure

You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates greater than six years (our legal obligation to retain information).

Your first request for a list of disclosures within a 12 month period will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will accommodate all reasonable requests.

## Request a Copy of this Notice

This notice is available on our website and on our electronic and paper intake forms. You have the right to receive a copy of this notice upon request.

## Authorize Other Use and Disclosure

You have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes and for most uses or disclosures of psychotherapy notes. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice, has taken an action in reliance on the use or disclosure indicated in the authorization.

We may contact you to provide information about health related benefits and services offered by our office, for fundraising activities, share information in a disaster relief situation, include your information in a hospital directory, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices, and each such notice will include instructions for opting out.

## Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.
If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Region IX. Office for Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
415.437.8310; 415.437.8311 (TDD)
415.437.8329 FAX
OCRMail@hhs.gov

You will not be penalized for filing a complaint.

## Ways we can use your Protected Health Information (PHI)

The following paragraphs describe different ways that we use and disclose your PHI. We have provided an example for each category, but these examples are not meant to be

exhaustive. We assure you that all of the ways we are permitted to use and disclose your health Information fall within one of these categories.

### Treatment
We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally we may from time to time disclose your health information to another physician whom we have requested to be involved in your care. For example we should disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

### Health Care Operations
We will use and disclose your protected health information to support the business activities of our practice. For example – we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to thirdparty business associates who perform billing, consulting, or transcription services for our practice.

### Payment
We will use and disclose your protected health information to obtain payment for the health care services we provide you. For example  we may include information with a bill to a third party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

### Appointment Reminders
We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

### Sign In Sheet
Northwest Orthopaedic Surgery employs a HIPAA compliant sign in process.

### Workforce Access to Protected Health Information
It is the policy of this medical practice that access to protected health information must be granted to each employee or contractor based on the assigned job functions of the employee or contractor. It is also the policy of this medical practice that such access privileges should not exceed those necessary to accomplish the assigned job function.

### Worker's Compensation
We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

### Access by Personal Representatives
It is the policy of this medical practice that access to protected health information must be granted to personal representatives of individuals as though they were the individuals themselves, except in cases where granting access to the personal representative would be detrimental to the individual or to a third-party.

## Access to Minor's Records

Access to protected health information of minors will be granted to the minor's parent or legal guardian, except in cases where the records related to treatment in which the minor is legally authorized to consent or where granting access to the parent or legal guardian would be detrimental to the minor.

## Communicating with a Patient's Family, Friends or Others

A patient may grant limited access to their medical information to a family member, other relative, domestic partner, personal friend or any other person identified by the patient who is not the legal personal representative of patient based upon written, verbal or implied permission by the patient and this medical practice is unaware of any expressed preference to the contrary. Such disclosures must be limited to medical information that is directly relevant to that person's involvement with the patient's care or payment related to the patient's health care.

## Public Health

We will use and disclose your protected health information in certain situations to help with public health and safety issues. Some of the situations include:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

## Research

We will use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

## As Required by Law

We will use and disclose your protected health information when required to by federal, state, or local law. You will be notified of any such disclosures.

## Other Permitted and Required Uses and Disclosures

We are also permitted to use or disclose your PHI without your written authorization for the following purposes:

- To comply with Food and Drug Administration requirements
- Legal proceedings
- Coroners
- Funeral directors
- Organ donation
- Criminal activity
- Military activity
- National security
- Worker's compensation
- When an inmate is in a correctional facility

- If requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

By signing this form you acknowledge you were advised of the HIPAA Notice of Privacy Practices. Our HIPAA Notice of Privacy Practices provides information about how we may use and disclose your protected information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. You may request a copy of the Notice of Privacy.

Signature of Responsible Party: _____ Date: _____