

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.

We are required to protect the privacy of your confidential personal health information referred to below as protected health information ("PHI"). This Notice of Privacy Practices ("Notice") is provided to you as a requirement of the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice describes how we may use and disclose your PHI to carry out treatment, payment and healthcare operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We will make a good faith effort to obtain from you a written acknowledgement of receipt of this Notice.

In this Notice, we provide categories that describe these uses and disclosures and, in some cases, examples are provided to help you better understand each category.

In addition to the privacy protection provided under federal law, Alabama law (referred to in this notice as the Alabama Requirements) requires us in certain situations (i) to get your written consent (or, according to some of the Alabama requirements, written consent from your attorney, guardian, or upon court order) before we can use or disclose your information, or (ii) to keep records of certain events for a period of time that is longer than what is required under HIPAA. The Alabama Requirements may apply:

- If you qualify as a patient that suffers from a sexually transmitted disease;
- If you qualify as a patient that receives benefits from the State of Alabama for certain developmental disabilities or mental retardation;
- If you qualify as a patient that the Alabama Medicaid Program has asked us to serve as a Case Management Service Provider for;
- If you qualify as a patient that receives rehabilitative services through the Alabama Medicaid Program;
- If you qualify as a patient that receives certain benefits under the Alabama Preventive Health Education Program;
- If you qualify as a patient that receives certain Children's Specialty Clinic Services under the Alabama Medicaid Program;

Uses and Disclosures for Treatment, Payment and Health Care Operations. We may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you.

For Treatment. We may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These types of uses and disclosures may generally take place between physicians, nurses, technicians, and other health care professionals who provide you health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting in your care.

For Payment. We may use and disclose PHI in order to bill and collect payment for the health care services

provided to you. For example, we may need to give PHI to your health plan in order to be reimbursed for the services provided to you. We may also disclose PHI to its business associates, such as billing companies, claims processing companies and others that assist in processing health claims. We may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

For Health Care Operations. We may use and disclose PHI for health care operations, including for quality assessment and improvement. For example, we may use and disclose PHI to evaluate the treatment and services you receive and the performance of our staff in caring for you, provider training, underwriting activities, compliance and risk management activities, planning and development, and management and administration of us. Other examples of health care operations include disclosures of PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and education purposes, to help make sure we are complying with all applicable laws, and to help us continue to provide health care to its patients at a high level of quality. In addition, under certain circumstances we are permitted to disclose PHI to other health care providers and health plans for their health care operations, including their quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance.

These uses and disclosures may also be limited by the Alabama requirements.

Other Uses and Disclosures For Which Authorization is Not Required. In addition to using or disclosing PHI for treatment, payment and health care operations, we may use and disclose PHI without your written authorization under the following circumstances:

As required by law and law enforcement. We may use or disclose PHI when required to do so by applicable law. We also may disclose PHI (but only under certain circumstances) when ordered to do so in a judicial or administrative proceeding, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, the location of the crime or victims, or the identity, description, or location of a person who committed a crime, or for other law enforcement purposes.

For Public Health Activities and Public Health Risks. We may disclose PHI (but only under certain circumstances) to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition and other similar activities permitted by law.

For Health Oversight Activities. We may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system,

government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors.

We may disclose PHI to coroners and medical examiners (and may use PHI if acting in those capacities) for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law. In addition, **we** may disclose PHI to a funeral director as permitted by law and as needed to carry out his or her duties.

Organ, Eye, and Tissue Donation. **We** may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

Research. Under certain circumstances, **we** may use and disclose PHI for medical research purposes.

To Avoid a Serious Threat to Health or Safety.

Under certain circumstances, **we** may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized Government Functions.

We may use and disclose PHI of military personnel and veterans under certain circumstances. **We** may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations. If you are an inmate of a correctional institution or under the custody of law enforcement official, **we** may disclose your PHI to the correctional institution or official in certain circumstances.

Workers' Compensation. **We** may disclose PHI to comply with workers' compensation or other similar laws. These programs provide benefits for work-related injuries or illnesses.

Appointment Reminders; Health-related Benefits and Services; Marketing.

We may use and disclose your PHI to contact you and remind you of an appointment at **our clinic**, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs. **We** may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value without obtaining your express authorization.

Disclosures to You or for HIPAA Compliance Investigations.

We may disclose your PHI to you or to your personal representative (who generally is someone who has the legal authority to act on your behalf), and is required to do so in connection with your rights described below. **We** also must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate the compliance of **us** with HIPAA).

These uses and disclosures may also be limited by the Alabama Requirements.

Uses and Disclosures That May be Made With Your Agreement or Opportunity to Object.

You will have the opportunity to agree or object to these uses and disclosures of PHI that **we** may make:

Disclosures to Individuals Involved in Your Health Care or

Payment for Your Health Care. Unless you object, **we** may disclose some of your PHI to a family member, other relative, friend, or other persons you identify. **We** may also notify those people about your location or condition. When you are unable to agree or object, **we** may still disclose your PHI in certain circumstances.

These uses and disclosures may also be limited by the Alabama Requirements.

Uses and Disclosures of PHI For Which Authorization is Required.

Other types of uses and disclosures of your PHI not described in this Notice will be made only with your written authorization, which you have the right, with some limitations, to revoke in writing.

Regulatory Requirements.

We are required by law to maintain the privacy of your PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. (That is, the version that is currently in effect.) **We** reserve the right to change the terms of this Notice and of its privacy policies and to make the new terms applicable to all of the PHI it maintains. Before **we** make an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in our waiting room.

Individual Rights.

You have the following rights regarding your PHI:

- You may request that **we** restrict the use and disclosure of your PHI. **We** are not required to agree to any restrictions you request, but if **we** do so it will be bound by the restrictions to which it agrees except in certain emergency situations.
- You have the right to request that communications of PHI to you from **us** be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. Your requests must be made in writing and sent to our Privacy Officer. **We** will accommodate your reasonable requests.
- Generally, you have the right to inspect and copy your PHI that **we** maintain, provided that you make your request in writing to our Privacy Officer. If you request copies of your PHI, **we** may impose a reasonable fee to cover copying, postage, and related costs. **We** may deny access in certain circumstances. If **we** deny access to your PHI, it will explain the basis for denial and whether you have an opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision). If **we** do not maintain the PHI you request, if it knows where that PHI is located it will tell you how to redirect your request.
- If you believe that your PHI maintained by **us** contains an error or needs to be updated, you have the right to request that **we** correct or supplement your PHI. Your request must be made in writing to our Privacy Officer, and it must explain why you are requesting an amendment to your PHI. In certain circumstances, you have the right to amend your PHI. **We** may deny your request in certain circumstances.
- You generally have the right to request and receive a list of certain disclosures of your PHI **we** have made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). You should submit any such request to the Privacy Officer. **We** will provide the first list to you at no charge, but if you make more than one request in one year, you may be charged a reasonable fee for each additional request **We** will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred to you.

- You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. You can receive a copy of this notice at our Web Site, www.baysideorthopae.com.
- You may complain to **us** if you believe your privacy rights with respect to your PHI have been violated by contacting our privacy officer. **We** will in no manner penalize you or retaliate against you for filing a complaint regarding **our** privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

If you have any questions about this notice, please **contact Deborah Rhoades, Privacy Officer/ Assistant to the Administrator, at Bayside Orthopaedic & Rehabilitation Center, P.C., 4 Medical Park, Fairhope Alabama 36532. (251) 928-2401.**

Effective Date: April 14th, 2003