

**NOTICE OF PRIVACY PRACTICES**  
**ORTHOPAEDIC AND SPORTS MEDICINE CENTER – NORMAN, P.C.**

**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 understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use those records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided, and for administrative and operational purposes. The medical record is the property of this medical practice. If you have any questions about this notice, please contact: \_\_\_\_\_, Privacy Officer for Orthopaedic and Sports Medicine Center - Norman, P.C. at (405) 364-7900.

**HOW THIS MEDICAL PRACTICE MAY USE  
OR DISCLOSE YOUR MEDICAL INFORMATION**

*For Treatment.* We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services which we do not provide. We may share your medical information with a pharmacist who needs it to dispense a prescription to you or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.

*For Payment.* We use and disclose medical information about you to obtain payment for the services you receive. For example, a bill may be sent to you and/or to a third-part payors, such as an insurance company or health plan.

*For Health Care Operations.* We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may use and disclose medical information about you to get your health plan to authorize services or referrals. We may also share your medical information with our business associates that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your medical information.

*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.* We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

*Notification and Communication with Family.* We may disclose your medical information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose medical information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable and unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

## **YOUR MEDICAL INFORMATION RIGHTS**

You have the right:

- To a paper copy of this *Notice of Privacy Practices*.
- To request restrictions on certain uses and disclosures of your medical information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.
- To request that you receive medical information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted.
- To obtain a copy of your medical information, with limited exceptions. A reasonable fee may be charged for making copies. Under current Oklahoma law, a fee of \$1.00 for the first page and 50¢ per subsequent page is allowed and \$5.00 per film. We may also charge for postage if the copies are to be mailed. If we deny your request for copies, you will be informed of your rights to appeal our decision.
- To request what we amend your medical information that you believe is incorrect or incomplete. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your medical information and will provide you with information about this practice's denial and how you can disagree with the denial. You also have the right to request that we add to your record a statement of up to two hundred and fifty (250) words concerning any statement or item you believe to be incomplete or incorrect.
- To receive and accounting of disclosures made of your medical information by this medical practice unless the disclosures were for purposes of treatment, payment, health care operations, certain government functions, or pursuant to your written authorization. You have the right to revoke your authorization to use or disclose medical information except to the extent that this use or disclosure has already occurred.

***IF YOU WOULD LIKE TO HAVE A MORE DETAILED EXPLANATION OF THESE RIGHTS OR IF YOU WOULD LIKE TO EXERCISE ONE OR MORE OF THESE RIGHTS, CONTACT OUR PRIVACY OFFICER LISTED ON THE FIRST PAGE OF THIS NOTICE OF PRIVACY PRACTICES.***

## **OBLIGATIONS OF THIS MEDICAL PRACTICE**

We are required to maintain the privacy of your confidential medical information, provide you with this notice of our legal duties and privacy practices with respect to your medical information, abide by the terms of this notice, notify you if we are unable to agree with a requested restriction on how your information is used or disclosed, accommodate reasonable requests you make to communicate medical information by alternative means or alternative locations and obtain your written authorization to use or disclose your medical information for reasons other than those listed above and permitted under law. We reserve the right to change or amend this *Notice of Privacy Practices* at any time in the future. After an amendment is made, the revised *Notice of Privacy Practices* apply to all medical information that we maintain. A copy of any Revised *Notice of Privacy Practices* will be made available to you at each appointment.

Required by Law. We may use and disclose medical information about you as required by law. For example, we may disclose information in the course of certain events or for the following purposes.

- To report information related to victims of abuse, neglect, or domestic violence;
- To assist law enforcement officials in their law enforcement duties;
- To respond to judicial and administrative proceedings or, in the course of judicial proceedings, if you have waived your rights to confidentiality under Oklahoma law; and,
- To help health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and Oklahoma law.

Public Health and Safety. Your medical information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities. Your medical information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

Specialized Government Functions. We may disclose your medical information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Coroners/Funeral Directors. We may disclose your medical information to organizations involved in procuring, banking, or transplanting organs and tissues.

Workers' Compensation. Your medical information may be used or disclosed as necessary in order to comply with laws and regulations related to workers' compensation.

Change of Ownership. In the event that this medical practice is sold or merged with another organization, your medical information will become the property of the new owner, although you will maintain the right to request that copies of your medical information be transferred to another physician or medical practice.

Marketing. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information for marketing purposes without your written authorization.

By Oklahoma law we are required to notify you . . . **that your medical information used or disclosed as described in this Notice of Privacy Practices may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).**

#### **WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR MEDICAL INFORMATION**

Except as described in this *Notice of Privacy Practices*, this medical practice will not use or disclose medical information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your medical information for another purpose, you may revoke your authorization in writing at any time.

**COMPLAINTS**

Complaints about this *Notice of Privacy Practices* or how this medical practice handles your medical information should be directed to:

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[NAME OF INDIVIDUAL PRIVACY OFFICER]

825 E. ROBINSON, NORMAN, OK 73071

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[ADDRESS]

(405 - 364 - 7900)

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[PHONE NUMBER]

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

The Department of Health and Human Services  
Office of Civil Rights  
Herbert H. Humphrey Building, Room 509 F  
200 Independence Avenue, S.W.  
Washington, D.C. 20202

You will not be penalized for filing a complaint.