

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: Gaylene, 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 third-party payers, 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. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary to medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our “business associates,” such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditations, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in “organized health care arrangements” (OHCAs) for any of the OHCAs’ health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A list of OHCAs we participate in is available for the Privacy Official.

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.

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. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or injection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

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, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

Organ or Tissue Donation. 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.

Breach Notification. In the event of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: Only use e-mail notification if you are certain it will not contain PHI and it will not disclose inappropriate information. For example if your e-mail address is "digestivediseaseassociates.com" an e-mail sent with this address could, if intercepted, identify the patient and their condition.]

Marketing. Provided we do not receive any payment for making these communications, 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, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in.

We may also encourage you to maintain a health lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The Authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that 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.

YOUR MEDICAL INFORMATION RIGHTS

You have the right:

- To a paper or electronic 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 that 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 his 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 an 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.

We will keep a copy of the current notice posted in our exam rooms or lobby and a copy will be available at each appointment. We will also post the current notice on our website.

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:

Jorge Lozano, Regional Manager
Office for Civil Rights
United States Department of Health and Human Services
1301 Young Street, Suite 1169 • Dallas, TX 75202
Phone 800-368-1019 • Fax (214) 767-0432

The complaint form may be found at **www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf**.

You will not be penalized for filing a complaint.

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* 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.