

**ORTHOPEDIC ASSOCIATES, LLC  
NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**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.**

**If you have any questions about this notice, please contact the Privacy Officer by phone at 314-569-0612, extension 151, by e-mail at [privacyofficer@oastl.com](mailto:privacyofficer@oastl.com) or in writing to Orthopedic Associates, LLC, 1050 Old Des Peres Road, Suite 100, St. Louis, Missouri, 63131.**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act ("HIPAA" or the "Act"). It describes how we may use or disclose your protected health information, with whom that information may be shared and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

**ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE**

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes our practices regarding your protected health information. For purposes of this notice, the term "we" includes the following:

- Any health care professional engaged by us to provide services or treatments to you or on your behalf.
- Any member of a volunteer group we allow to help you while you are in our care.
- All employees, staff and other office personnel.

Each of the above persons and/or entities is required to follow the terms of this notice. In addition, these persons and/or entities may share medical information with each other for treatment, payment or health care operations purposes as described in this notice.

## **OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

Protected health information (“PHI”) is individually identifiable health information. This information includes demographics (for example, age, address, e-mail address) and relates to your past, present or future physical or mental health or condition and related health care services. We are required by law to do the following:

- Make sure that your PHI is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your PHI.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by accessing our web site at [www.oastl.com](http://www.oastl.com), calling our Privacy Officer at the number above, e-mailing to the address above and requesting a copy be mailed to you, or asking for a copy at your next appointment.

## **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

Following are examples of permitted uses and disclosures of your PHI. These examples are not exhaustive.

### **Required Uses and Disclosures**

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

### **Treatment**

We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, and from time-to-time to another physician or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of either you or us, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your PHI to provide the treatment you require.

### **Payment**

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities which your health care provider might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a surgery might require that your relevant PHI be disclosed to obtain approval for the surgery.

## **Health Care Operations**

We may use or disclose, as needed, your PHI to support the daily activities related to health care. These activities include but are not limited to: quality assessment activities, investigations, oversight or staff performance reviews, training of medical students, licensing, communications about a product or service and conducting or arranging for other health care related activities. For example, we may disclose your PHI to medical school students seeing patients under our supervision or through our office. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We will share your PHI with third-party “business associates” who perform various activities (for example, billing, transcription services) for us or your health plan. The business associates will be required to execute a contract with us obligating the business associate to protect your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about the services we offer. We may also send you information about products or services that we believe might benefit you.

## **Required by Law**

We may use or disclose your PHI if any law or regulation requires our use or disclosure of your PHI.

## **Public Health**

We may disclose your PHI to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary for many reasons, including but not limited to the following:

- Prevent or control disease, injury or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

## **Communicable Diseases**

We may disclose your PHI, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

## **Health Oversight**

We may disclose PHI to a health oversight agency for activities authorized or required by law, such as audits, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

## **Food and Drug Administration**

We may disclose your PHI to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects or problems and biologic product deviations.

- Track products.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

### **Legal Proceedings**

We may disclose PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and in certain conditions in response to a subpoena, discovery request or other lawful process.

### **Law Enforcement**

We may disclose PHI for law enforcement purposes, including but not limited to the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Crimes occurring at our office(s)
- Medical emergencies (not on the MTF premises) believed to result from criminal conduct

### **Coroners, Funeral Directors, and Organ Donations**

We may disclose PHI to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose PHI to funeral directors as authorized by law. PHI may be used and disclosed for cadaveric organ, eye or tissue donations.

### **Research**

We may disclose your PHI to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

### **Criminal Activity**

Under applicable Federal and state laws, we may disclose your PHI if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

### **Military Activity and National Security**

When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; (2) to a foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

### **Workers' Compensation**

We may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

### **Inmates**

We may use or disclose your PHI if you are an inmate of a correctional facility, and we created or received your PHI while providing care to you. This disclosure is necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others and/or (3) for the safety and security of the correctional institution.

## **Disclosures by the Health Plan**

Your health insurance provider or other health plans may also disclose your PHI. Examples of these disclosures include verifying your eligibility for health care and for enrollment in various health plans and coordinating benefits for those who have additional or supplemental health insurance or are eligible for other government benefit programs. We may use or disclose your PHI in appropriate sharing initiatives pursuant to the Act.

## **Parental Access**

Some state laws concerning minors permit or require disclosure of PHI to parents, guardians and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

## **USES AND DISCLOSURES OF PHI REQUIRING YOUR PERMISSION**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. Following are examples in which your agreement or objection is required.

### **Individuals Involved in Your Health Care**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care.

Additionally we may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You may exercise the following rights by submitting a written request or electronic message to our Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. Our Privacy Officer can guide you in pursuing these options. Please be aware that we may deny your request; however, you may seek a review of any such denial.

### **Right to Inspect and Copy**

You may inspect and obtain a copy of your PHI that is contained in a "designated record set" for as long as we maintain the PHI. A designated record set contains medical and billing records and any other records that we use for making decisions about you.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and PHI that is subject to any law that prohibits access to such PHI.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our HIPAA Contact at Orthopedic Associates, LLC, 1050 Old Des Peres Road, Suite 100, St. Louis, Missouri, 63131 or by e-mail to [hipaacontact@oastl.com](mailto:hipaacontact@oastl.com). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

### **Right to Request Restrictions**

You may ask us not to use or disclose any part of your PHI for treatment, payment or health care operations. Your request must be made in writing to our Privacy Officer as indicated in this Notice of Privacy Practices. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure or both; (3) to whom you want the restriction to apply (for example, disclosures to your spouse); and (4) an expiration date.

If we determine, in our discretion, that the restriction is not in the best interest of either party or that we cannot reasonably accommodate the request, we are not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your PHI in violation of such agreed upon restriction unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

### **Right to Request Confidential Communications**

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will, to the extent possible, use our best efforts to accommodate reasonable requests.

### **Right to Request Amendment**

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your PHI as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

### **Right to an Accounting of Disclosures**

You may request that we provide you with an accounting of the disclosures we have made of your PHI. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003 and no more than 6 years from the date of request. This right excludes disclosures made to you, to family members or friends involved in your care or for notification. The right to receive this information is subject to additional exceptions, restrictions and limitations as described earlier in this notice. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

### **Right to Obtain a Copy of this Notice**

You may obtain a paper copy of this notice from us or view it electronically at our web site at [www.oastl.com](http://www.oastl.com).

### **FEDERAL PRIVACY LAWS**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your PHI.

### **COMPLAINTS**

If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or the Secretary of the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

**CONTACT INFORMATION**

You may contact our Privacy Officer for further information about the complaint process or for further explanation of this document. Our Privacy Officer may be contacted by phone at 314-569-0612, extension 151. You may also e-mail questions to [privacyofficer@oastl.com](mailto:privacyofficer@oastl.com) . For additional information regarding your privacy rights visit our web site at [www.oastl.com](http://www.oastl.com).

*This notice is effective in its entirety as of April 14, 2003.*