

HIPAA NOTICE OF PRIVACY PRACTICES

Orthopedic Sports Medicine and Spine Care Institute
1001 S. Kirkwood, Ste 120
St. Louis, MO 63122

This notice describes how information about you may be used and disclosed. Please review it carefully and sign the signature page provided.

Protected Health Information (PHI) is any information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of those health care services, or your physical or mental health condition, in the past, present or future. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI. As a healthcare provider, we are required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices.

We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a copy of the revised Notice will be posted and provided upon request.

PERMITTED USES AND DISCLOSURES

Treatment, Payment and Health Care Operations: Federal law allows a provider of health care services to use and disclose PHI for the purpose of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that we, as a provider, may make under each section are listed below:

Treatment: Treatment refers to the provision, coordination and management of health care by a physician, hospital or other health care provider. Examples of uses and disclosures under this section are: gathering information prior to appointments in regard to a patient's demographics, previous care and/or present treatment plan; discussing and confirming appointments; written or mail order prescriptions with pharmacies and/or pharmacy staff; and consultation between health care providers, case managers, insurance carriers or any other covered entity involved in your treatment.

Payment: Payment refers to the various activities and billing functions of a health care provider and their staff to obtain payment for your health care services. Examples of uses and disclosures under this section include: the determination of medical necessity, coverage, coordination of benefits, pre-certification or case management services.

Health Care Operations: Health Care Operations refers to the basic business functions necessary to operate a medical practice. Examples of uses and disclosures under this section are: releasing PHI to liability insurers to maintain coverage; to medical students or other health care professionals for education purposes; analysis or consulting work for quality assurance purposes; credentialing and other activities related to the creation, renewal or replacement of a contract with health insurance, hospitals, licensing agencies or boards; and research projects covered by an Institutional Review Board or privacy board. We will share your PHI with third party business associates that perform various activities for the practice (i.e. transcription services, answering services, billing services).

Other Uses and Disclosures Allowed: Federal law also allows a provider to use and disclose PHI in the following ways:

- To you and any other person (relative, close friend) you identify as being involved in your medical care or payment of care.
- To a personal representative designated by you to receive PHI or personal representative designated by law such as the parent or legal guardian of a child, or the surviving members or representative of the estate of a deceased individual.
- To Health and Human Services (HHS) or Office of Civil Rights (OCR) as part of an investigation to determine our compliance with the HIPAA Privacy Rules.
- To a health oversight agency, such as the Department of Labor (DOL) and the Insurance Commissioner's Office, to respond to inquiries or investigations of the provider, requests to audit the provider or to obtain necessary licenses.
- In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.
- As required for law enforcement purposes, for example to notify authorities of a criminal act.
- As required to comply with Workers' Compensation or other similar programs established by law.
- In providing you with information about treatment alternatives and health services that may be of interest to you as a result of a specific condition that your provider is managing.

The examples of permitted uses and disclosures listed above are not provided as an all inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

(OVER)

OTHER USES AND DISCLOSURES

Uses and disclosures of your PHI for any other purpose than your treatment, billing or our health care operations will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the fullest extent that we have not already used or disclosed your PHI in good faith with the authorization.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

Right to Request Restrictions on Uses and Disclosures: You have the right to request that we limit our uses and disclosures of PHI in relation to treatment, payment and health care operations. You also have the right to request that we restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Officer listed below in the Notice and must state the specific restriction requested and to whom that restriction would apply.

Right to Receive Confidential Communications: You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

Right to Access Your Protected Health Information: You have the right to obtain and inspect a copy of your PHI that is contained in your record for as long as the provider maintains the PHI. Per Missouri law, we may charge a \$25.51 flat fee as well as .59 per page for paper copies or \$25.51 plus .59 per page, or \$111.79 total, whichever is less, for copies provided electronically. Federal law requires written authorization for: uses & disclosures of PHI for marketing purposes, disclosures that constitute the sale of PHI and most uses of psychotherapy notes. Federal law prohibits individuals from having access to information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you have a right to have that decision reviewed.

Right to Amend Protected Health Information: You have the right to request that PHI be amended for as long as the provider maintains the PHI. The provider may deny your request for amendment if they determine that the PHI was not created by our office, is not part of our medical or billing records, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and the provider has a right to include a rebuttal to your statement, a copy of which will be provided for you.

Right to Receive an Accounting of Disclosure: You have the right to receive an accounting of all disclosures of your PHI that the provider has made, if any, for reasons other than disclosures for treatment, payment and health care operations, as described above, and disclosures made to you or your personal representative. Your right to an accounting of disclosures applies only to PHI created by the provider after April 14, 2003.

Right to Receive a paper Copy of this Notice: You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously received this notice electronically.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint verbally or in writing with the Privacy Office of Orthopedic Sports Medicine and Spine Care Institute, attn.: Michelle Schnittker at 314-966-8887 ext: 355. If you are dissatisfied with the Privacy Officer's response you can file a written complaint with the Office of Civil Rights (OCR), either on paper or electronically. The complaint must be filed within 180 days of when the complainant knew or should have known that the act occurred. The 180 day time limit may be waived if good cause is shown. Information on how to file a complaint can be obtained on the Office of Civil Rights website at www.hhs.gov/ocr/hipaa.

EFFECTIVE DATE OF NOTICE

This Notice published and becomes effective on April 14, 2003.
Updated February 6, 2018