

HIPAA Notice Of Privacy Practices

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.

Our Company's Pledge To You

The office of Plano Orthopedic & Sports Medicine Center is required to abide by the terms of this Notice of Private Practices. The terms may change at any time and the revised notice will apply to all protected health information maintained at that time. The revised notice will be posted in our office. You may request a revised copy of this notice by also calling our office.

This office has taken reasonable steps to safeguard the privacy and confidentiality of your **Protected Health Information (PHI)**. The staff of this office will only use your health information for the intended patient care purpose. Conversations among staff members that reference your information will be conducted in a confidential and professional manner.

Uses and Disclosures of Health Information

This office will need to access your protected health information (PHI) for purposes of treatment, payment and operations (TPO) in accordance with State and federal law.

Health Care Operations. Necessary health information will be shared for the continuing operations of this office. Some examples include, but are not limited to peer review, accreditation, and compliance with all federal and state laws.

Payment. Necessary information will be shared with appropriate payer sources and their representatives for payment purposes including but not limited to eligibility, benefit determination, and utilization review. It will also be necessary for our internal billing personnel to have access to PHI to carry out their job functions.

Treatment. To maintain high quality healthcare, it will be necessary to share PHI with all members of your treatment team. This can include employees in this office as well as other providers.

As permitted or required by law. We may also use or disclose your health information without your written authorization for other reasons as *permitted* by law. The following are situations where this office may use or disclose your PHI without your written consent or authorization: Uses and disclosures of PHI as required by law, court orders, a legal process, or government agencies; Uses and disclosures of PHI for matters of public health for the purpose of controlling disease (e.g. preventing the spread of disease) as dictated by law; Uses and disclosures to government oversight agencies for the purpose of health and privacy audits or investigations; Uses and disclosures may be made to public health authorities in situations of suspected abuse or neglect; Uses and disclosures to Institutional Review Boards for the purpose of medical research.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your PHI. This authorization will only allow the use or disclosure of the specific information detailed on the authorization form. Some examples include but are not limited to: some marketing activities, the use or disclosure of psychotherapy records in our possession and in some instances for research purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to cease any future uses or disclosures.

Right to Inspect and Copy. In most cases, you have a right to review and copy your PHI as well as amend your record. Some exceptions include, but are not limited to: psychotherapy notes, information compiled for use in a civil, criminal, or administrative proceeding.

Right to an Accounting of Disclosures. You have a right to request an accounting of the disclosures made of your PHI by this office (after April 14, 2003). This only applies to disclosures made for purposes other than treatment, payment, or operations.

Right to Amend. You have a right to amend protected health information maintained by a covered entity. However, amending PHI does not mean making changes in stored data.

Right to Request Restrictions. You have the right to request a restriction of the disclosure of your PHI for treatment, payment, or operations. This office is not legally required to agree to the request, but will do so at our discretion.

Right to Request Confidential Communications. You have a right to request to receive confidential communications from us by alternative means or to an alternative location. We will make every effort to honor reasonable requests.

Right to Receive a Paper Copy of this Notice. You have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Duties

We are required by law to protect the privacy of your information, provide this notice about information practices, and follow the information practices that are described in this notice.

Should you have any concerns you may contact our Privacy Officer who is responsible for the privacy and confidentiality of your information in accordance with state and federal law.

If you have any questions or complaints, please contact:

Teresa Mogan
Plano Orthopedic & Sports Medicine Center
5228 W. Plano Parkway
Plano, Texas 75093
(972) 250-5700 or tmogan@posmc.com

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information.

This form does not constitute legal advice and is provided "as is." This form is based upon current federal law and is subject to change based upon changes in federal law or subsequent interpretive guidance. This form must be modified to reflect the user's privacy practices and its state law where the state law is more stringent.