

Notice of Privacy Practices

Revised: September 6, 2013

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.

All of us at Slocum Orthopedics, P.C. take our responsibility to safeguard your protected health information very seriously. We value your trust as an important part of our ability to provide you with the best possible medical care. We also recognize that individual privacy is rapidly eroding in our culture and we are dedicated to defending your right to a confidential relationship with your physician. This notice is intended to inform you of how we protect, use, and disclose your information, as well as to explain your right to control these disclosures. This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from Slocum. Your health information may include information created and received by Slocum, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity, and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

We will only disclose your information in the following instances:

1. We may disclose your information **to coordinate your medical care.**
2. We may also disclose your information **to ensure that you receive insurance benefits.**
3. We may disclose your information internally **to enhance the operations of our practice.** This includes our commitment to reviewing the quality of care we provide.
4. We may disclose your information **to comply with a limited number of legal requirements** as outlined in this notice.

Additional information regarding each of these disclosures is provided in this notice. Regardless, we will only disclose the minimum amount of information necessary for the purpose for which it is requested.

Like many legal documents, it may appear at first glance that this notice is more about permitting disclosures than about limiting them. However, we believe it is important that you are fully informed of the various reasons we might disclose your information.

Our Duties

We are required by law to keep your information private. We must also provide you with notice of our practices and legal duties that relate to your information.

We are required by law to abide by the terms of this notice of privacy practices.

We may need to revise our privacy practices from time to time. We expressly reserve the right to change the terms of our notice of privacy practices, and to make the new terms effective for all information covered by our notice. If such changes occur, we will let you know of the new terms by providing a copy of the changes in our lobby.

Consent to Disclosures

When we begin your care, we will ask you to sign an agreement that permits disclosures of your information only for the purposes outlined in this notice. Because such disclosures are important to coordinate your medical care, we require your consent to access our services. This notice provides additional information regarding these disclosures and any disclosures that we may make without your

consent. Before making a disclosure for any purpose not listed in this notice, we will request a written authorization from you.

Your Privacy Rights

Please note that you are entitled to very specific rights regarding the use and disclosure of your information. We have listed your rights below.

Right to Notice of Privacy Practices

You have the right to be notified of our policies regarding our use and disclosure of your information. This document provides you with that notice.

Right to Request Restriction of Uses and Disclosures

You have the right to request restriction on the use and disclosure of your information. If you request such a restriction, we may choose to either comply with your request or terminate your care here. In certain instances, your choice to restrict the disclosure of information may invalidate your insurance coverage, and we may require that you execute both a waiver of insurance benefits and a payment agreement in order to receive care. If you have been injured on the job and have filed a workers' compensation claim, Oregon law forbids limiting disclosures to your carrier or self-insured employer.

Generally, we will not agree to requests to limit disclosure of your information related to (a) the coordination of your medical care, (b) the internal operations of our practice, or (c) legal requirements. It is simply too difficult to comply with such restrictions.

We are required to agree to your request if you pay for treatment, services, supplies and prescriptions "out of pocket" and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information, if required by law.

To make a request to limit the disclosure of your information, please contact our Medical Records Department at (541-868-0855).

Right of Access to Inspect and Obtain a Copy of Protected Health Information

You have the right, after providing us with reasonable notice, to visit our office and inspect our medical records such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to Medical Records (541-868-3249) in order to inspect and/or copy records of your health information. If you request a copy of the information, your physician has the right to substitute a summary of our record if, in his or her opinion, release of the record would harm you. This situation is very rare in our practice and you will generally receive unrestricted access to your medical record

We may charge a fee for the costs of copying, mailing, or other associated supplies. 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. A modified request may include requesting a summary of your medical record.

If you request to view a copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing, attention Medical Records Supervisor.

You have the right to request a copy of your health information in electronic form, if we store your health information electronically.

You may request that our communication with you be confidential; for example, you could request that we only call you at home, not at work.

Right to Amend Protected Health Information

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by Slocum

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION

FORM to our Medical Records Department.

We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. Your rebuttal needs to be 2 pages in length or less and we have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

Please contact our Medical Records Department (541-868-3249) to request an amendment.

Right to an Accounting Disclosure of Protected Health Information

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement.

To obtain this list, you must submit your request **in writing** to Medical Records Supervisor (541-868-0855). It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, 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.

Complaints and Investigations

We have developed procedures for investigating any complaints or concerns you may have regarding our use and disclosure of your information, or any other complaint you may have regarding our services. The law allows you to contact the Secretary of the Department of Health and Human Services with complaints about our use and disclosure of information. You may also contact our on-site Privacy Officer, who is dedicated to investigating complaints regarding the use and disclosure of information in our care. Regardless of whom you contact, we will not, and legally cannot, retaliate against you for any such complaint. Our Privacy Officer can be reached at 541-868-3233

Types of Uses and Disclosures of Your Protected Health Information

We may disclose your information for the following purposes without your consent.

For Treatment Purposes

We may disclose information needed for the provision, coordination, or management of health care and related services, including the coordination between our office and a third-party, such as a consultation between medical providers or a referral from our office to another provider. For example, we may send a report detailing our diagnosis and treatment to your primary care physician, your treating physical therapist, or to another physician involved in your care.

For Payment Purposes

To obtain reimbursement from your insurer, we may be required to disclose your information. This may be necessary for determining your eligibility or coverage and the adjudication of claims, billing, claims management, and collections activities. We may also be required to disclose your information to your insurer for review of the medical necessity, coverage, appropriateness, or justification of our charges.

For example, many insurers require that we submit copies of the chart as a condition of reimbursement for our services. The process of prior authorization for specific diagnostic or surgical procedures represents another example in which we may disclose your information to gain your insurer's approval to proceed with a recommended course of care.

For Health Care Operations

We may disclose your information within our organization for the purposes of:

1. Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines.
2. Reviewing the competence or qualifications of our providers.
3. Conducting, or arranging for, medical review, legal services, and auditing functions, including fraud and abuse detection, and compliance programs.
4. Managing and operating our practice, including formulary development and administration and general business management activities such as customer service and complaint resolution.

One example of such disclosure is the periodic chart review conducted by our Peer Review Committee to ensure the quality of our services.

Special Situations

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

(A) **for public health activities**, such as reporting to a public health agency in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products. and reporting of adverse events to the Food and Drug Administration;

(B) **about victims of abuse, neglect, or domestic violence**, as required by law; we will disclose health information about you when required to do so by federal, state or local law

(C) **to a health oversight agency**, as authorized by law, including but not limited to audits; civil, administrative, or criminal investigations; licensure or disciplinary actions, or other activities necessary for appropriate oversight of the health care system; and government benefit programs;

(D) **for judicial and administrative proceedings**, in response to a court order or valid subpoena. If we receive a subpoena for your information, we will require that the party submitting the subpoena provide us with evidence that you have been provided with adequate notice and the opportunity to object to the release of your information prior to disclosure;

(E) **for law enforcement purposes**, in compliance with, and as limited by a court order, a court-ordered warrant, a subpoena, a summons issued by a judicial officer, and a grand jury subpoena; or in emergency situations or when criminal conduct has occurred on our premises, subject to limitations as provided by law;

(F) **to coroners and medical examiners**, to identify a deceased person or determine a cause of death;

(G) **for organ, eye, or tissue donation purposes**, when such donations have been authorized; If you are an organ donor, we may release health information to organizations that handle organ procurement

or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

(H) to avert a serious threat to health or safety of a person or to the public; we may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

(I) for armed services personnel and veterans, to determine an individual's eligibility for benefits; Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

(J) for worker's compensation, as provided by state law, we may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

(K) research, we may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the office.

(L) information Not Personally Identifiable, we may use or disclose health information about you in a way that does not personally identify you or reveal who you are;

(M) family and friends, We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

All other uses and disclosures of information about you will be made only with your written authorization.

You may revoke your authorization at any time by notifying us in writing unless a) we have already acted in reliance on your authorization, b) the authorization was obtained as a condition of your obtaining insurance coverage, or c) other laws provide your insurer with the right to contest a claim under your policy. In addition, we may contact you from time to time to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. In no circumstance will we sell or provide your information to an outside party for commercial purposes.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as substance abuse information for purposes such as treatment, payment, and healthcare operations.

Fundraising

We may contact you to ask for your help with different fundraising campaigns. Please notify us if you do not wish to be contacted during fundraising campaigns. If you advise us in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

Breach of Health Information We will inform you if there is a breach of your unsecured health information.

Please note that, even if you have agreed to receive this notice electronically, you have the right to obtain a paper copy of this notice upon request.

For more information on our privacy policies, to submit a request for access to your records or for any other need related to the management of your information at Slocum Orthopedics, P.C., please contact:

Kathy McBride

Privacy Officer

Telephone: 541-868-3233

Fax: 541-342-6379

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