



PRIVACY NOTICE TO PATIENTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY River City Orthopaedic Surgeons, PSC AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY

Effective Date: April 14, 2003

Under the HIPAA Privacy regulations, River City Orthopaedic Surgeons, PSC and all similar health care providers are required by federal law to maintain the privacy of your **protected health information (PHI)** and will abide by the terms in this Privacy Notice.

This notice describes our Practice's policies, which extend to:

- Any health care professional authorized to enter information into your chart (including physicians, PA's, Medical Assistants, etc.):
- All areas of the Practice (front desk, administration, billing and collections, etc.):
- All employees, staff and other personnel that work for or with our Practices:
- Our business associates (including a billing service, transcription, or facilities to which we refer patients), on-call physicians, and so on.

Please be advised that River City Orthopaedic Surgeons, PSC **may use your PHI in rendering treatment to you.** For example, we are permitted to use your PHI to provide, coordinate, or manage your health care and any related services. This includes medical care/treatment when you visit our office or when we treat you in a hospital or nursing facility or under home health care.

Under federal law, **we may disclose your PHI to you or we can disclose your PHI to third parties for treatment.** For example if we refer you to a specialist or health care provider who becomes involved in treating you, we are permitted to forward your medical information to such specialist or health care provider.

We can disclose your PHI for payment purposes. For example, we will disclose your PHI to your insurance provider, employer, Medicare, Medicaid or other party responsible for providing you with health insurance coverage in order for River City Orthopaedic Surgeons, PSC to be reimbursed for our services rendered to you. We may also use and disclose PHI for the payment activities of another health care entity or provider.

We will also use or disclose your PHI for health care operations. We may use or disclose, as-needed, your PHI in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for business activities.

We will share your PHI with third party "business associates" that perform various activities (e.g. billing, transcription services, etc.) for the practice. Whenever an arrangement between our office and a business associate involves the use of disclosure of your PHI, we will require the business associate to appropriately safeguard your information.

We may also disclose your PHI, when required by the Secretary of the US Department of Health & Human Services.

Unless disclosure is required under federal, state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. Our practices may use or disclose your PHI in accordance with the specific requirements of the HIPAA rules **without** River City Orthopaedic Surgeons, PSC **needing to obtain your authorization if the information is:**

1. required by law
2. required for public health purposes

3. required disclosures about victims of abuse, neglect or domestic violence
4. required by a health oversight agency for oversight activities authorized by law
5. required in the course of any judicial or administrative proceeding
6. required for a law enforcement purpose to a law enforcement official; inclusive of inmates of a correctional institution or under the custody of a law enforcement official
7. required by a coroner or medical examiner or funeral director
8. required by an organ and tissue procurement organization for research or necessary donation/transplantation,
9. if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
10. required medical information about you for workers' compensation or similar programs

Additionally, if you are a member of the armed forces, River City Orthopaedic Surgeons, PSC is permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission.

We may also contact you via mail or phone to remind you of appointments with our office or to discuss treatment alternatives. This may involve leaving a message on an answering machine, or otherwise, which could (potentially) be received or intercepted by others.

In the event our practice wishes to disclose your PHI to another entity besides those referenced above, we are required to obtain your authorization. We would seek to obtain your authorization if River City Orthopaedic Surgeons, PSC desired to release your PHI for reasons other than treatment, payment, or for our practice's operations. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending River City Orthopaedic Surgeons, PSC a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures.

Please be further advised that you have the ability to access, copy, and inspect and amend your medical information that we maintain. Additionally, if you desire, River City Orthopaedic Surgeons, PSC can provide you with an accounting of all disclosures for treatment, payment or healthcare operations and pursuant to authorization. All requests must be made in writing. We will notify you of any cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

If you have a dispute with our practice regarding our use of your PHI or a disclosure by River City Orthopaedic Surgeons, PSC and believe that your primary rights have been violated, please contact Peggy Hogan, the River City Orthopaedic Surgeons, PSC Manager/Privacy Officer to file a dispute or you may contact the Secretary of Health and Human Services. Please understand that River City Orthopaedic Surgeons, PSC will not retaliate against you in any way for filing a complaint.

Lastly, please be advised that you have the right to request restrictions on certain use and disclosures of your PHI to carry out treatment, payment or healthcare operations or disclosures by River City Orthopaedic Surgeons, PSC of your PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your requested restriction. If you request a copy of your PHI, you also have the ability to request that we send it to an alternative location (different address) and by alternative means. You have a right to a paper copy of this notice. River City Orthopaedic Surgeons, PSC reserves the right to amend this Notice as revised. Notices will be posted in our offices and provided to you upon your first visit. You may request a current copy of the notice in effect on any visit.

Thank you and if you have any questions, please direct them to Peggy Hogan Privacy Officer at (502) 935-8061.