

CARDINAL ORTHOPAEDIC INSTITUTE, INC.
NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully.

This is a formal notice, as required by law, explaining how we may use and disclose PROTECTED HEALTH INFORMATION to carry out treatment, payment, or health care operations, and for other purposes permitted by law. It also describes your rights to access and control PROTECTED HEALTH INFORMATION.

PROTECTED HEALTH INFORMATION, hereafter noted as PHI, is information about you or a patient for whom you are responsible, including demographic information, that may individually identify you or the patient, and that relates to past, present, or future health conditions and related health care services.

This serves as notice of our intent to maintain all medical records and information in the strictest of confidence.

HOW WE MAY USE AND DISCLOSE PHI

We must have your written, signed Consent, given at the time of registration, to use and disclose PHI for the following purposes:

FOR TREATMENT. We will use PHI to provide, coordinate or manage health care and any related services. This includes communication with other physicians, nurses, technicians, office staff, or providers of services (specialists, laboratories, orthotists, prosthetists, facilities, pharmacies, etc.) who provide care or services requested by your physician. For example, your doctor or doctor's staff may provide medical information to other health care providers to coordinate your care, or share information with a technician before a brace fitting or test.

FOR PAYMENT. We will use PHI to obtain payment, for treatment and services you receive and are prescribed at this office, from you, an insurance company or a third party. This may include pre-treatment reviews or authorizations, determinations of eligibility and coverage, reviewing services provided to you for medical necessity, and insurance utilization activities. For example, we may contact your insurance company before surgery or testing to determine the need for precertification or to determine whether your plan will cover the services.

HEALTH CARE OPERATIONS. We may use or disclose PHI in order to support the business activities of the office. These include, but are not limited to, professional peer review, employee review activities, clinical improvement, training or education of students or residents, continuation of medical education, accrediting, insurance and licensing activities, and conducting or arranging for other business activities. For example, we may share your PHI with medical residents that see our patients, we may use a sign in sheet at the registration desk, or we will call the patient's name in the waiting room when the physician is ready to see them.

APPOINTMENTS AND SERVICES. We may contact you as a reminder that you or the patient has an appointment for treatment or medical care at the office. We may also contact you with test results. You have the right to request and we will attempt to accommodate reasonable requests by you to receive communications regarding your PHI from us by alternative means or at alternative locations. For example, if you wish reminders or results not be left on voice mail or sent to a particular address, we will attempt to accommodate reasonable requests. You must request this in writing, either by designating alternatives on the registration form, or by form completion.

BUSINESS ASSOCIATES. We will share your PHI with third party 'business associates' the perform various activities (e.g., billing, transcription) for our office. Whenever an arrangement between us and a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of this PHI.

OTHERS INVOLVED IN YOUR HEALTHCARE. We may disclose, to a member of your or the patient's family, relative, or close friend or any other person you identify, PHI that directly relates to that person's involvement in the patient's health care. If you are unable to agree or object to such a disclosure (for example, in an emergency situation or if the patient is incapacitated), we may disclose such information as necessary if we determine that is in the patient's best interest based on our professional judgement. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for the patient of the patient's location, and general condition.

COMMUNICATION BARRIERS: We may use and disclose you or your child's PHI if your physician or another physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgement, that you intend to consent to use or disclose under the circumstances.

EMERGENCIES. Consent is not required before using or disclosing PHI in an emergency treatment situation. We will attempt to obtain consent, but will proceed with treatment and use and disclosure of PHI as needed. If this happens, your physician will try to obtain your consent as soon as reasonably possible.

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.

If you do revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations, and we may therefore choose to discontinue providing you with healthcare treatment and services.

Other uses and disclosures of PHI will be made only with your written Authorization, unless otherwise permitted or required by law as described below. You may revoke this Authorization at any time, in writing.

WE MAY USE AND DISCLOSE PHI IN THE FOLLOWING SITUATIONS WITHOUT YOUR CONSENT OR AUTHORIZATION:

AS REQUIRED BY LAW. We may disclose PHI when required to do so by federal, state or local law. If required by law, you will be notified of such disclosures. Some areas that require release include gun shot or stab wounds, domestic violence, and victims of abuse and neglect.

PUBLIC HEALTH. We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, non-accidental physical injuries, reactions to medications (for example, in cooperation with the FDA) or problems with products.

HEALTH OVERSIGHT. We may disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

LEGAL PROCEEDINGS. We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court, subpoena, discovery request or other lawful process, subject to all applicable legal requirements.

LAW ENFORCEMENT. We may release PHI if asked to do so by a law enforcement official in response to a subpoena, warrant, summons or similar process, subject to all applicable legal requirements. This may include limited information requests for identification and location purposes, information

pertaining to victims of crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on our premises, or regarding a medical emergency (not on our premises) where it is likely that a crime has occurred.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may disclose PHI for identification purposes, determining cause of death or for these persons to perform their duties as authorized by law.

CRIMINAL ACTIVITY. We may disclose PHI, if permitted by federal and state laws, if we believe that this information is necessary to prevent or lessen a serious and imminent threat to the health and 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, VETERANS, NATIONAL SECURITY, AND INTELLIGENCE. We may disclose PHI of individuals who are or were Armed Forces, national security or intelligence personnel if requested by military command or other government authorities for the purposes of determination of eligibility for benefits, for activities deemed necessary by appropriate military command, or for conducting national security and intelligence activities (protection of the President or others legally authorized to receive protection). We may also disclose PHI to foreign military authorities if you are a member of that foreign military service.

WORKER'S COMPENSATION. We may disclose PHI as authorized to comply with worker's compensation laws and other similar legally established programs.

INMATES. We may disclose PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

RESEARCH: We may use or disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of this PHI.

YOUR RIGHTS. The following is a statement of your rights with respect to your PHI.

You have the right to inspect and copy your PHI. You may inspect and obtain a copy of PHI about you or your child. All requests must be in writing and signed by the patient or his parent or legal guardian if a minor. We will charge for all copies and postage, if mailed. However, under federal law, you may not have a right to inspect or copy certain types of PHI. In some cases, you may have a right to a review of our decision to deny you access to such PHI.

You have the right to request limits on the use and disclosure of PHI.

You may ask us not to use or disclose any part of PHI for the purposes of treatment, payment or healthcare operations. You may also ask that PHI not be disclosed to family members or friends who may be involved in your care or the payment for it. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in you or the patient's best interest to permit us of PHI, the PHI use will not be restricted. If your physician agrees to the requested restriction, we may not use PHI in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to request that we communicate with your about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. This request must be made in writing.

You may have the right to amend your PHI. If you believe PHI 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 this office. You must complete and submit a Medical Record Amendment/Correction Form. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- we did not create
- is not part of the health information that we keep
- you would not be permitted to inspect and copy under federal law
- is accurate and complete

You have the right to receive an accounting of certain disclosures we have made.

This right applies to disclosures for purposes **other than** treatment, payment and healthcare operations. You have the right to receive specific information regarding those disclosures that occurred after April 14, 2003. You must submit this request in writing. We may charge you for the costs of providing the list.

You have the right to obtain a paper copy of this notice from us, upon request, at any time. You will be asked to sign an acknowledgement that you received this notice.

CHANGES TO THIS NOTICE. This practice reserves the right to modify or change this Notice at any time, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Revision to the Notice will be available on request by contacting the office. An updated Privacy Notice will be posted in the office within 60 days of the revision.

COMPLAINTS. If you believe your privacy rights have been violated, you can file a written complaint with our office. There will be no retaliation for filing a complaint. You may also file a complaint with the Office of Civil Rights in writing within 180 days of the violation. This address is:

Office of Civil Rights
Regional Manager
Department of Health/Human Services
233 N. Michigan Ave, Ste 240
Chicago, Illinois 60601
(312) 886-1807

This notice was published and becomes effective April 14, 2003