

SPRINGFIELD ORTHOPAEDIC AND SPORTS MEDICINE INSTITUTE

HIPAA NOTICE OF PRIVACY PRACTICES SUMMARY

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.

In accordance with the Health Insurance Portability and Accountability Act we are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

WAYS IN WHICH WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following paragraphs describe different ways we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your health information fall within one of these categories. We will use and disclose your protected health information:

Treatment To provide, coordinate, or manage your health care and any related services. We will also disclose your health information to other physicians /medical professionals who may be treating you. Additionally we may from time to time disclose your health information to another physician/medical professional who we have requested to be involved in your care

Payment To obtain payment for the health care services we provide you.

Health Care Operations To support the business activities of our practice, (example –to review and evaluate our treatment and services or to evaluate staff performance while caring for you) and to third party business associates who perform billing, consulting or transcription services for our practice.

OTHER WAYS WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Appointment Reminders To contact you as a reminder about scheduled appointments or treatment.

Treatment Alternatives To tell you about or to recommend possible alternative treatments or options that may be of interest to you.

Others Involved In Your Care To a family member, relative, close friend or any other person you identify who is involved in your medical care or payment for care.

Research To researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

As Required by Law To federal state or local law. You will be notified of any such disclosures.

To Avert a Serious Threat to Public Health or Safety To a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

Workers Compensation For workers compensation or similar programs that provide benefits for you as an injured worker.

Inmates To a correctional institution or law enforcement official if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care, to protect the health and safety of others or the safety of the correctional institution.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right:

A Paper Copy of This Notice To receive a paper copy of this notice upon request. You may obtain a copy by asking our medical office specialist at your next visit or by calling and asking us to mail you a copy.

Inspect and Copy To inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. The designated record includes your medical and billing records as well as any other record we use for making decisions about you. Any psychotherapy notes that may be included in records that we received are not available for your inspection or copying by law. We may charge you a fee for the cost of copying, mailing or other supplies used in fulfilling your request. If you wish to inspect or copy your medical information, you must submit your request in writing to our practice manager at Springfield Orthopaedic and Sports Medicine Institute, 30 W. McCreight Ave. Suite 106, Springfield, OH 45504. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are permitted up to 60 days.

Request Amendment To request that we amend your medical information if you feel it is incomplete or inaccurate. You must make this request in writing to our practice manager, stating exactly what information is incomplete/inaccurate and your reason that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if (1) the information requested was not created by us or the person who created it is no longer available to make the amendment (2) the information is not part of the designated record which you are permitted to inspect and copy (3) the information is not part of the designated record set kept by this practice or if it is the opinion of the health care provider that the information is accurate and complete.

Request Restrictions To request a restriction or limitation of how we use or disclose your medical information for treatment payment or health care operations. Your request must be in writing to our practice manager. We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.

An Accounting of Disclosures To request a list of the disclosures of your health information we have made outside of our practice that were not for your treatment, payment or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain information). Your first request for a list of disclosures with a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the cost of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications To request how we communicate with you to preserve your privacy. (Example Request that we only call you at work, etc.) Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice manager or directly to the Secretary of Health and Human Services. To file a complaint to our manager, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to Springfield Orthopaedic and Sports Medicine Institute, 30 W. McCreight Ave., Suite 106, Springfield, OH 45504. There will be no retaliation for filing a complaint.

Uses or Disclosures Not Covered Uses or disclosures of your health information not covered by this notice or the laws that apply to use may only be made within your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

If you have questions or would like additional information, you may contact our practice manager at 937-398-1066.

Dr. Thompson and Dr. Galluch are investors in Ohio Valley Medical Center. At times, they may refer patients to Ohio Valley Medical Center in connection with their care and treatment.

Effective Date 4/14/2003

Updated by ks 3/10/09 02/19/10