

Name:
DOB:
Acct #:
Age:
Date:



Notice of Privacy Practices

Purpose:

This notice informs you how we may use and disclose your protected health information (PHI) for the purposes of treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your protected health information. "Protected Health Information" contains information about you such as: a) demographic information, b) information that may identify you, c) information that relates to your past, present, or future physical and mental health condition/treatment.

Our Responsibility:

To provide policies and procedures that function as safeguards for protecting the privacy of your protected health information (PHI).

Use and Disclosure of your Medical Information:

For Treatment:

We may use medical information about you to provide medical service and treatment. Disclosures may occur while working in coordination with nurses, doctors, technicians, or other health care professionals involved in your care. Information may be exchanged for the purposes of: a) evaluating your health, b) diagnosing medical conditions and c) providing quality treatment.

For example, results of laboratory tests and procedures will be available in your medical records to all health care professionals who may provide treatment or who may be consulted by our staff members.

For Payment:

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

For example, your health plan may request and receive information on dates of service, the type of services rendered, and the medical condition being treated.

Health Care Operations

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, and conducting the day to day business activities and management of our health care practice.

For example, information on the services you received may be used to support the budgeting and financial reporting for our health care practice. We may also call you by name while you're waiting in our waiting room when your physician is ready to see you. You may also receive phone calls reminding you of appointments or in reference to rescheduling appointments.

Other Disclosures

We may disclose your medical information in the following situations with or without authorization. Situations such as this may include: a) those Required by law, b) those related to Public Health Issues required by law, c) those related to Communicable Diseases, d) those related to Health Oversight, e) those required by the Food and Drug Administration, f) those related to Legal Proceedings or Law Enforcement, g) those in relation to organ donation and funeral proceedings, h) those needed for National Security and Military function, i) those related to Work Compensation treatment and billing, j) and other situations required. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law.

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You may revoke this authorization at any time with a written notice. If you change your mind after authorizing a disclosure, you must submit the revocation in writing, however, it will not undo or affect any disclosure that occurred prior to your written notification to our health care practice.

Your Rights

Under the Federal Privacy standards, you have the right to:

- Inspect or copy your medical records. You must make your request in writing. The form can be requested by calling our office during regular business hours.
- Receive confidential communications concerning your medical condition and treatment.
- Receive an accounting of how and to whom your PHI has been disclosed.
- Request restrictions on the use and disclosure of your PHI.
- Amend or submit corrections to your PHI.
- Receive a printed copy of this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all PHI we maintain.

Questions and Complaints

If you'd like to submit a comment or complaint regarding our privacy policies, you can do so by sending a letter outlining your concerns to:

Orthopaedics of Steamboat Springs
Attn: Lisa Hogue
940 Central Park Ave. Suite 280
Steamboat Springs, CO 80487

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the above address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person: Orthopaedics of Steamboat Springs
Attn: Lisa Hogue
940 Central Park Ave. Suite 280
Steamboat Springs, CO 80487
970-879-6663

HIPAA Privacy Notice Acknowledgement

I acknowledge that I am entitled to receive a copy of the Privacy Notice for Orthopaedics of Steamboat Springs. Please notify the staff if you'd like this information.

Patient or Guardian Signature: _____ **Date:** _____

****Please initial below****

_____ I agree that *Orthopaedics of Steamboat Springs* may request and use my prescription medication history from other healthcare providers or third-party pharmacy benefit payers for treatment purposes.

Effective Date: This policy is effective on or after January 1, 2003.