

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.

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

Get an electronic or paper copy of your medical record

- * You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- * We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

Ask us to correct your medical record

- * You can ask us to correct health information about you that is incorrect or incomplete.
- * We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- * You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- * We will say yes to all reasonable requests.

Ask us to limit what we use or share

- * You can ask us not to use or share certain health information for treatment, payment, or for our business operations.
- * We are not required to agree to your request and we may say "no" if it would affect your care.
- * If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- * We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information with

- * You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- * We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one copy per year for free but may charge a reasonable fee for additional requests.

Get a copy of this privacy notice

- * You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a copy.

Choose someone to act for you

- * If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- * We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- * You can complain if you feel we have violated your rights by contacting the Privacy Officer at our office.
- * You can also file a complaint with the US Department of Health and Human Services Office for Civil Rights. Send a letter to 200 Independence Ave, S.W. Washington, D.C. 20201 or by calling 1-877-696-6775.
- * We will not retaliate against you for filing a complaint.

Our Responsibilities:

- * We are required by law to maintain the privacy and security of your protected health information.
- * We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- * We must follow the duties and privacy practices described in this notice and give you a copy of it.
- * We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes of the Terms of this Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organization: Orthopaedics of Steamboat Springs

Name:
DOB:
Acct #:
Age:
Date:



Notice of Privacy Practices

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

* We can use your health information and share it with other professionals who are treating you. For example, when a doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

* We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

Bill for your services

* We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

- * We can share health information about you in certain situations such as:
- * Preventing disease
 - * Helping with product recalls
 - * Reporting adverse reactions to medications

For certain health information, you can tell us your choices about what we share.

In the following cases, you have both the right and choice to tell us to:

- * Share information with your family, close friends, or others involved in your care
- * Share information in a disaster relief situation

We will always obtain your written permission prior to using your information for:

- * Marketing purposes
- * The sale of your information
- * Sharing of most psychotherapy notes

In the case of fundraising:

- * We may contact you for fundraising efforts, but you can tell us not to contact you again.

- * Reporting suspected abuse, neglect, or domestic violence
- * Preventing or reducing a serious threat to anyone's health or safety

Do Research

* We can share or use your health information for health research.

Comply with the law

* We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.

Respond to organ and tissue donation requests

* We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

* We can share health information with a coroner, medical examiner, or funeral director when an individual passes.

Address workers' compensation, law enforcement, and other government requests

- * We can use or share information about you:
 - * For workers' compensation claims
 - * For law enforcement purposes or with a law enforcement official
 - * With health oversight agencies for activities authorized by law
 - * For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

* We can share health information in response to a court, administrative order, or in response to a subpoena.

Acknowledgement of Receipt and Understanding of the NPP:

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. Revised 9/23/2013