

# NOTICE OF PRIVACY PRACTICES

## K VALLEY ORTHOPEDICS, P.C.

**Contact Person: Business Office Manager**  
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**Kalamazoo, Michigan 49006**  
**Telephone: (269) 343-8170**  
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Effective Date of Notice: April 14, 2003

### **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.**

We are obligated by law to maintain the privacy of your protected health information, to give you notice of our legal duties and privacy practices, and to abide by the terms of this Notice. Your protected health information includes personal, medical and billing information about you that we transmit or maintain in the course of providing treatment to you and seeking payment for such treatment. We respect our legal obligation to keep your protected health information private. This Notice applies to all records of your medical care maintained by K Valley Orthopedics, P.C.

#### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

We may use or disclose your protected health information without your authorization for treatment, payment or health care operations.

- **Treatment.** We may use or disclose your protected health information to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your chart about your care or treatment. This might be the results of tests or studies or medication you have received. Health care providers may also use or disclose your protected health information to coordinate your care with other health care providers, such as a referring physician, physical therapist or pharmacist, who are involved in your care.
- **Payment.** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that we provide to you. For example, a bill may be sent to you or a third party payer, such as your insurance company or health plan, for treatment or services we provide to you. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may also disclose your protected health information to your insurance company or health plan to obtain prior approval for treatment or to determine whether your insurance will cover the treatment.
- **Health Care Operations.** "Health care operations" mean those administrative and managerial functions that we have to do in order to run our business. Some examples of how we use or disclose your protected health information for health care operations are: quality assurance activities; personnel decisions; participation in managed care plans; defense of legal matters; business planning; disclosing medical information to doctors, nurses, technicians, and medical students for review and learning purposes; financial or billing audits; and disclosure to businesses and individuals (e.g. medical transcription

service) who perform services for us involving medical information as long as they agree to protect the privacy of that information. We may also use your protected health information after specific information that identifies you has been removed so that others can use it to study health care without learning who you are.

We may routinely use your protected health information for these purposes without any special permission.

### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your protected health information without your permission. Not all of these situations will apply to your protected health information, and some of these situations may never come up at all. Such uses or disclosures are listed below:

- when a state, federal or local law mandates that certain health information be reported for a specific purpose;
- for public health purposes such as contagious disease reporting, investigation or surveillance, notices to and from the federal Food and Drug Administration regarding recall of drugs or medical devices, and disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities such as for the licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas, warrants, or orders of courts or administrative agencies;
- disclosures for law enforcement purposes such as, under certain circumstances, to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to identify or locate a suspect, fugitive, material witness or missing person;
- disclosure to a medical examiner to identify a deceased person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations if you are an organ or tissue donor;
- uses or disclosures, under certain circumstances, for health related research;
- uses and disclosures to prevent a serious threat to your health or safety or the health or safety of another person or the public in general;
- disclosures of your protected health information, if you are a member of the armed forces or foreign military personnel, for activities deemed necessary by appropriate military command authorities to assure the proper execution of a military mission;
- uses or disclosures to authorized federal officials for specialized government functions such as for the protection of the president, foreign heads of state or other high ranking government officials; for lawful national intelligence activities; or to conduct special investigations;
- disclosures of information after specific information that identifies you has been removed;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;

- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your protected health information;
- unless you object or request restrictions on such disclosures, we will also share relevant information about your care with your family or friends who are helping you with your care or with the payment for your care.

### **APPOINTMENT REMINDERS**

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of treatment alternatives or health-related benefits or services that might be of interest to you.

### **SENSITIVE HEALTH INFORMATION**

Certain other federal and state laws and regulations regulate disclosure of sensitive health information such as mental health records, psychotherapy notes, substance abuse records, and information relating to the diagnosis or treatment of serious communicable diseases such as Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or AIDS related complex (ARC). We will disclose such information only in accordance with such applicable laws and regulations.

### **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your protected health information unless you sign a written "authorization form." The content of the authorization form is determined by applicable federal and state laws. We will initiate the authorization process if we are requesting your permission for the use or disclosure. You may initiate the process if you are requesting us to send your protected health information to someone else. If you are requesting us to send your protected health information to someone else, you will need to give us a properly completed authorization form, or we can provide you with our authorization form to sign.

If we initiate the authorization process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time. However, your revocation will not apply to uses or disclosures we made before you revoked your authorization. Revocations must be in writing and sent to the Contact Person named at the beginning of this Notice.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your protected health information.

- You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want unless the information is needed to provide you with emergency treatment. To ask for a restriction, send a written request to the Contact Person at the address or fax number shown at the beginning of this Notice. You may terminate the restriction at any time by sending written notice of termination to the Contact Person named at the beginning of this Notice. We may terminate the restriction at any time by sending written notice of termination to you.

- You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E-mail to your personal E-Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost we incur in accommodating your request. If you want to ask for confidential communications, send a written request to the Contact Person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.
- You can ask to see or to get photocopies of your protected health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your protected health information within 30 days of asking us (or sixty days if the information is stored offsite). You may have to pay for the costs of providing photocopies (such as costs of copying (including labor), mailing and other supplies) in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your protected health information, send a written request to the Contact Person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.
- You can ask us to amend your protected health information if you think that it is incorrect or incomplete. We can deny your request if we determine that the information was not created by us (unless you give us a reasonable basis to believe that the person or entity that created the information is no longer available to make the amendment), is not part of your protected health information maintained by us, is not information you have a right under law to inspect, or is accurate and complete. If we agree to amend your protected health information, we will amend the information within 60 days of your written request. We will send the corrected information to persons who we know got the wrong information, and others that you specify in the request. If we do not agree to amend your protected health information, you can write a statement of your position, and we will include it with your protected health information along with any rebuttal statement that we may write in response to your statement. Once your statement of position and/or our rebuttal is included in your records, we will send it along whenever we make a permitted disclosure of your protected health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your protected health information, send a written request describing the amendment you are requesting and the reasons for the amendment, to the Contact Person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.
- You can get a list of the disclosures that we have made of your protected health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures made to you or with your authorization; incidental disclosures; disclosures required by law; and certain other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists in a given 12-month period, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list of disclosures, send a written request to the Contact Person named at the

beginning of this Notice, at the address or fax number shown at the beginning of this Notice.

- You can get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the Contact Person named at the beginning of this Notice, at the address or fax number shown at the beginning of this Notice.

### **CHANGES TO OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice until we choose to change it. We reserve the right to change this Notice at any time as allowed by law. If we change this Notice, the new Notice of Privacy Practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change this Notice, we will post the new Notice of Privacy Practices in our office, have copies available in our office, and post it on our Web site, if we have one.

### **COMPLAINTS**

If you think that we have not properly respected the privacy of your protected health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. If you want to complain to us, send a written complaint to the Contact Person at the address or fax number shown at the beginning of this Notice. If you prefer, you can contact the Contact Person at the phone number shown at the beginning of this Notice to discuss your complaint in person or by phone. We will not retaliate against you if you make a complaint.

### **FOR MORE INFORMATION**

If you want more information about our privacy practices, call or visit our Contact Person at the address or phone number shown at the beginning of this Notice.

**ACKNOWLEDGEMENT OF RECEIPT**

I have received or been offered a copy of K Valley Orthopedics, P.C.'s Notice of Privacy Practices.

Patient's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are signing as a personal representative of the patient, describe your relationship to the patient and the source of your authority to sign this form:

Relationship to Patient: \_\_\_\_\_ Your Printed Name: \_\_\_\_\_

Source of Authority: \_\_\_\_\_  
(e.g. Legal Guardian, Parent of Minor, Personal Representative of Deceased or Living Person, Power of Attorney/Advance Directive)

**- FOR OFFICE USE ONLY -**

[Office personnel complete if unable to obtain acknowledgement]

I am a member of the work force of the covered entity named above. On the date shown below, I made a good faith effort to obtain the above named patient's signature, or the signature of the above named patient's personal representative, on the foregoing acknowledgement, but was unable to do so because:

[state reason]: \_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_