

Orthopaedic & Sports Medicine Center Notice of Privacy Practices

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.

If you have any questions about this notice, please contact
Orthopaedic & Sports Medicine Center Privacy Officer
785-537-4200
(Fax) 785-537-4354

Orthopaedic & Sports Medicine Center is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. The other ways that Orthopaedic & Sports Medicine Center is permitted to use and disclose your protected health information are described below.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your records and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

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

- Request restrictions on specific uses and disclosures of your information. We do not have to agree to this request unless you self-pay for a service and request that your insurer not be billed.
- Obtain an electronic or paper copy of the notice of health information privacy practices upon request
- Inspect and obtain an electronic or paper copy of your health record. You may be charged a cost-based fee for copies
- Request an Amendment be made to your health record
- Obtain an accounting of disclosures of your health information
- Request confidential communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Be notified in the event that there is a breach of your health information

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction, communication accommodation, request for amendment, request for accounting, or request for access
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Notify you if your health information has been subject of a breach

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice within the clinic at the reception areas. You are entitled to a revised copy upon request.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the Privacy Officer at 785-537-4200. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at 785-537-4200 or with the Region VII Office of Civil Rights in Kansas City. Regional Manager Office for Civil Rights; U.S. Department of Health and Human Services: 601 East 12th Street – Room 248 Kansas City, Missouri 64106; Voice Phone 816-426-7278; FAX 816-426-3686 TDD 816-426-7065 or: Office for Civil Rights; U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 515F HHH Bldg. Washington, D.C. 20201. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

Examples of Use and Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For Example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the action they took and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment.

For Example: A bill may be sent to you or a third-party payer (i.e. insurance company). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We can continue to make these communications after your death.

We will use your health information for regular health operations.

For Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

We will request that you authorize disclosures of psychotherapy notes, for marketing purposes, or if we receive any remuneration for your health information.

Uses and Disclosures that may be made without your authorization

Appointment Reminders and Treatment Follow up: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment of medical care at the Orthopaedic & Sports Medicine Center or regarding follow up of a previous appointment. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying Orthopaedic & Sports Medicine Center and asking for you to return our call. Unless we are specifically instructed by you otherwise in a particular circumstance, we will not disclose any health information to any person other than you who answers your phone except to leave a message for you to return the call.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in radiology and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your case. Unless you tell us otherwise, this communication may continue after your death.

Research: We may disclose information 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 your health information.

Marketing and Fundraising: We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use your health information for fundraising but will provide you with a way to inform us if you do not want to receive fundraising materials. We will not sell your health information without your authorization.

Surveys: We may contact you to complete a patient satisfaction survey following a visit to our office.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. With your consent we can disclose immunization information to schools. We also report child abuse or neglect and adult abuse or neglect.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Required by Law: We may use and disclose your health information when the law requires us to do so.

Serious Threat to Health or Safety: We may use or disclose your protected health information when necessary to prevent a serious threat to your health and safety of another person.

Organ and Tissue Donation: We may use or disclose your protected health information to an organ donation bank or other organizations that handle organ procurement to assist with organ or tissue donation and transplantation.

Military and Veterans: The protected health information of member of the United States Armed Forces or members of a foreign military authority may be disclosed as required by military command authorities.

Employers: We may disclose your protected health information to your employer if we provide you with health care services at your employer's request and the services are related to an evaluation for medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. We will tell you when we make this type of disclosure.

Legal Proceedings: We may disclose your protected health information when we receive a court or administrative order. We may also disclose your protected health information if we get a subpoena, or any other type of discovery request. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your protected health information.

Coroners, Medical Examiners, and Funeral Directors: We may disclose your protected health information to a coroner, medical examiner, or a funeral director.

National Security and Intelligence Activities: When authorized by law, we may disclose your protected health information to federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others: We may disclose your protected health information to certain federal officials so they may provide protection to the President, other persons, or foreign heads of state, or to conduct special investigations.

Inmates or Persons in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or a law enforcement official when it is necessary for the institution to provide you with health care; when it is necessary to protect your health and safety or the health and safety of others; or when it is necessary for the safety and security of the correctional institution.

Effective Date: April 14, 2003.

Revised: July 1, 2013

Orthopaedic and Sports Medicine Center

Notice of Privacy Practices

Addendum

2/22/2016

As explained in our Notice of Privacy Practices (“NPP”), health care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment, and health care operations. Until now, providers and health plans have exchanged this information directly by hand-delivery, mail, facsimile, and e-mail. This process is time consuming, expensive, not secure, and often unreliable.

Electronic health information exchange, or HIE, changes this process. New technology allows a provider or a health plan to submit a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants.

An organization known as the Kansas Health Information Exchange, or KHIE, regulates HIOs operating in Kansas. Only properly authorized individuals may access information through an HIO operating in Kansas, and only for purposes of treatment, payment, or health care operations.

You have two options with respect to health information technology (HIT). First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to **all** of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.