

NORTHEAST ORTHOPAEDICS, P.A.
Notice of Privacy Practices

To our patients: This Notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can receive access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Northeast Orthopaedics is dedicated to maintaining the privacy of your health information. We respect patient confidentiality and will only release personal health information about you in accordance with State and Federal law.

Use and disclosure of your protected health information without your signed authorization

After making a good faith effort to provide you with this Notice, we may use your personal health information to provide treatment, to obtain payment for your treatment and for our internal health care operations. We may use and disclose your personal health information for such purposes in the following ways:

Treatment: We may use and disclose your personal health information to plan, provide and coordinate your health services. This includes sharing your information with others outside Northeast Orthopaedics that we are consulting with or referring you to.

Payment: Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Healthcare Operations: We may use your information for our healthcare operations, e.g., we may use or disclose your personal information to perform risk assessments and other administrative tasks to monitor the quality of care we provide.

Business Associates: These are some services that we provide through contracts with our business associates. In such situations, we may use and disclose your personal health information to our business associates so they can perform the job we asked them to do. We require all business associates to appropriately safeguard your information in accordance with applicable law.

As Required by Law: This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse to health oversight agencies that are authorized to collect this information.

Appointments/Follow-up Care: We may contact you to remind you of future appointments or to provide information about treatment alternatives and other health related benefits and services.

Government Requirement: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also

might be a need to share information with the Food and Drug Administration (FDA) related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with Federal laws related to healthcare.

Coroners, Funeral Directors: We may disclose personal health information to a coroner or personal health examiner or funeral directors for the purpose of carrying out their duties.

Notification of Family or Close Friends: We may use or disclose your personal health information to notify a family member, personal representative, or another person responsible for your care, provided you have the opportunity to agree or object to the disclosure. If you are unable to agree or object, we may disclose this information as necessary if we determine that it is in your best interest based upon our professional judgment. In all cases, we will only disclose the health information that is directly relevant to that person's involvement with your health care.

Law Enforcement: We may disclose your personal health information for a law enforcement purpose to law enforcement officials in compliance with and as limited by applicable law.

Research: We may use or disclose your personal health information without your authorization for research purposes when such research has been approved by an institutional review board that has reviewed the research to ensure the privacy of your personal health information or as otherwise allowed by law.

Worker's Compensation: We may disclose your personal information in accordance with Worker's Compensation law.

Health and Safety: We may disclose your personal information to prevent or lessen a serious threat to a person's or the public's health and safety. In all cases, disclosures will only be made in accordance with applicable law and standards of ethical conduct.

Your Rights Regarding Your Health Information

Communications: You can request that Northeast Orthopaedics communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may request that we contact you at home rather than at work. We will accommodate reasonable requests.

Restriction on Record: You have the right to request in writing that we place additional restrictions on how we use or disclose your personal health information. While we will consider any request for additional restrictions, we are not required to agree to your request if we believe it is in your best interest to permit the use and disclosure of the information.

Copy of Record: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. This request must be made in writing and a reasonable fee will be charged for copying and mailing these records.

Amendment of Record: You have the right to request, in writing, that we amend health information maintained in your health record if you think it is incorrect or incomplete. To do this, please call 803-699-0559 and ask for Medical Records. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a statement indicating that you disagree with us. We will then file our response and your statement in your medical record.

Accounting for Disclosures: You may request a listing of any disclosure we have made related to your personal health information, except for information we used for treatment, payment, or health care operations purposes, disclosures with your authorization, incidental disclosures, disclosures required by law, and some other limited disclosures.

Right to a Paper Copy of this Notice: You have a right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Notices are available in our Waiting Room and are also available on our web site at www.northeastorthopaedics.com. Northeast Orthopaedics Privacy Notice will have an effective date posted on the last page of this Notice. We reserve the right to change our Notice at any time. Our Notice will reflect any revision date at the bottom of the Notice. We will keep updated copies available at all times.

Complaints: If you feel your privacy has been violated, you have the right to register a complaint with the U.S. Department of Health and Human Services or us. To register a written complaint with Northeast Orthopaedics, please refer to the address below. The law prohibits us from taking retaliatory action against you if you complain.

Our Duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Privacy Contact: For more information about our privacy practices, please contact:

Sherry P. Barrett, Privacy Officer
Northeast Orthopaedics
105 Office Park Road
Columbia SC 29223

Effective Date: This notice is effective 4/14/03

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