

## ***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.***

### ***1. Our responsibilities to safeguard your protected health information.***

We are required by law to provide you with this notice about OrthoNow's privacy practices that explains how, when, and why we use and disclose your protected health information. With some exceptions, we may not use or disclose any more than the minimum necessary protected health information to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policy at any time. Any changes will apply to the protected health information we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in the main lobby area. You can also request a copy of this notice from any of our staff at 901-363-3600 at any time.

### ***2. How your protected health information may be used.***

**We use health information about you for treatment purposes, to obtain payment for treatment, and for healthcare operations such as evaluating the quality of care you receive.**

For some of these uses or disclosures, we do not need your prior authorization. What follows are the different categories of our uses and disclosures that do not need your consent and some examples of each category.

***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/her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from the hospital.

***To obtain payment for treatment.*** We may use and disclose your protected health information in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your protected health information to our billing department and your health plan to get paid for the healthcare services we provided you. We may also provide your protected health information to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

***For health care operations.*** 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 services we provide. We may also disclose information to doctors, nurses, technicians, healthcare students, and other hospital personnel for review and learning purposes.

***There are other uses and disclosures that do not require your consent.***

We may use and disclose your protected health information without your authorization for the following reasons:

**When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

**For public health activities.** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death/health status prior to death.

**For health oversight activities.**

For instance, we provide information to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.

**For purposes of organ donation.** We will notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

**For research purposes.** In certain circumstances, we may provide patient protected health information in order to conduct medical research.

**To avoid harm.** In order to avoid serious threat to the health and safety of a person or the public, we may provide patient protected health information to law enforcement personnel or persons able to prevent or lessen such harm.

**For specific government functions.** We may disclose patient protected health information of military personnel and veterans in certain situation, and we may disclose patient protected health information for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

**For workers' compensation purposes.** We may provide patient protected health information in order to comply with workers' compensation laws.

**Appointment reminders and health-related benefits or services.** We may use patient protected health information to provide appointment reminders or give you information about treatment alternatives, or other healthcare services or benefits we offer.

**There are certain uses and disclosures to which you will have the opportunity to object.**

In the following situations we may disclose your protected health information if we inform you about the disclosure in advance and you do not object. If there is an emergency and you cannot be given the opportunity to object, we may disclose your health information consistent with any prior expressed wishes if it is determined by a healthcare professional that it is in your best interests. If you are unable to consent in an emergency, you will be given the opportunity to object as soon as you are able to do so.

**Patient Directories.** We may include your name, location in this facility, general condition, and religious affiliation, in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part.

**Disclosures to family, friends, or others.** We may provide your protected health information to a family member(s), friend(s), or other person(s) that you indicate is involved in your care or the payment of your healthcare, unless you object in whole or in part.

**All other uses and disclosures require your prior written authorization.** In any other situations not described previously, we will ask for your written authorization before using or disclosing any of your protected health information. If you choose to sign an authorization to disclose your protected health information, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not already taken any action relying on the authorization).

### 3. Your rights regarding your protected health information.

- You have the right to ask that we limit how we use and disclose your protected health information. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means. We will agree with your request so long as we can easily provide it in the format you requested.
- In most cases, you have the right to look at or get copies of your protected health information that we have, but you must make the request in writing to the Health Information Management Department. If we do not have your protected health information, but we know who does, we will tell you how to get it. We will respond

to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your protected health information, we will charge you for each page. Instead of providing the protected health information you requested, we may provide you with a summary or explanation of the information, as long as you agree to that and to the cost in advance.

- You have the right to request a list of instances in which we have disclosed your protected health information. To request this list, you must submit your request in writing to the Health Information Management Department. The list will not include uses or disclosures, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also will not include uses and disclosures made for national security purposes, to correction or law enforcement personnel, or before April 14, 2003.

We will respond within 60 days of receiving your request. Your request must state the time period, which may not be longer than the last six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free, but we will charge you for any additional requests in the same 12-month period.

- If you believe the protected health information we have about you is incorrect or incomplete, you have the right to request that we amend the existing information or add the missing information. You must provide the request and your reason for the request in writing to the Health Information Management Department. We will respond within 60 days of receiving your request. We may deny your request in writing if the protected health information is (i) accurate and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your protected health information. If we approve your request, we will make the change to your protected health information, tell you that we have done it, and tell others that need to know about the change to your protected health information.

#### 4. ***How to complain about our privacy practices.***

**If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information,** you may file a complaint with The Director of Health Information Management. You may also send a written complaint to the Secretary of the Department of Health and Human Services at the following address:

Secretary of the Department of Health and Human  
Services The U.S. Department of Health and Human  
Services 200 Independence Avenue, S. W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: (877) 696-6775

We will take no retaliatory action against you if you file a complaint about our privacy practices.

#### 5. ***Person to contact for information about this notice or to complain about our privacy practices.***

**If you have questions about this notice** file a complaint with the Secretary of the staff @ 901-363-3600 or any complaints about our privacy practices, or would like to know how to Department of Health and Human Resources, please contact: Any of our