



NOTICE OF PRIVACY PRACTICES - Effective Date: 01/01/2021

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.

The Notice of Privacy Policy describes how we may use and disclose your private health information to carry out treatment, payment, or health care operations and for other purposes required by law. It also describes your rights to access and control any private health information that we have about you. Private health information is information about you, including demographic, that may identify you and that relates to your past, present, or future physical or mental health and related services.

We are required, by law, to maintain the privacy health information and provide individuals with notice of our legal duties and privacy practices with respect to such information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect.

We reserve the right to change the terms of this Notice. The new notice provisions will be effective for all private health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by mail or at the time of your appointment.

PERMITTED USE & DISCLOSURE OF YOUR PRIVATE HEALTH INFORMATION:

Your physician, office staff, and others outside the office that are involved in your care may use or disclose your private health information for the purpose of providing health care services to you. We have listed some of the reasons why we might use or disclose your private health information and some examples of the types of uses or disclosures below. Not every use or disclosure is listed, but all of the ways that we are permitted to use and disclose information will fall into one of the categories.

Treatment: We will use and disclose your private health information to provide and coordinate your health care and any related services. This includes the coordination or management of care with a third party that has already obtained your permission to have access to your private health information. For example, we would disclose your private health information, as necessary, to a health agency that provides care to you. In addition, we may disclose your private health information to another health care provider (e.g., a specialist or laboratory) who, at the request of your physician, is involved in your care by providing assistance with your health care diagnosis or treatment. Additionally, it may be necessary to search an external database to obtain your accurate prescription information.

Payment: We may use and disclose your private health information for billing and payment of the treatment that you received here. For example, we may use or disclose your private health information to your insurance company about a service you received so that your insurance company can pay us or reimburse you for the service. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it.

Health Care Operations: We may use and disclose your private health information to support the business activities of the Orthopaedic Institute of Southern Illinois. These activities may include, but are not limited to, business activities, quality assessment activities and employee review activities. For example, we may use a sign-in sheet at the registration desk where you are asked to sign your name and



indicate your physician. We may also call you by name in the reception area when your physician is ready to see you. We may use your private health information to contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

We will share your private health information with third party “business associates” that assist in practice activities such as billing. Whenever an arrangement between our office and a business associate involves the use or disclosure of your private health information, we will have a written contract that contains terms that will protect the privacy of your private health information.

USE & DISCLOSURE OF YOUR PRIVATE HEALTH INFORMATION THAT REQUIRES YOUR WRITTEN AUTHORIZATION:

Other uses and disclosures of your private health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the Orthopaedic Institute of Southern Illinois has taken an action in reliance on the use or disclosure indicated in the authorization.

We may use and disclose your private health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your private health information. If you are not present or able to agree or object to the use or disclosure of all or part of your private health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the private health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your private health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose private health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your private health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

On-Line Patient Portal: “I authorize the Orthopaedic Institute of Southern Illinois and Western Kentucky representatives to disclose and exchange my health information, appointment reminders, or other items related to my general healthcare through the Orthopaedic Institute Patient Portal to myself and/or all entities I have designated through the on-line portal set-up, that I have established on my completed personal Patient Portal account.”

Emergencies: We may use or disclose personal health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician at The Orthopaedic Institute of Southern Illinois is required by law to treat you and the physician has attempted to obtain your consent



but is unable to obtain your consent, he or she may still use or disclose your private health information to treat you.

Communication Barriers: We may use and disclose your private health information if your physician, or another physician in The Orthopaedic Institute of Southern Illinois attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

USES & DISCLOSURES THAT DO NOT REQUIRE YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:

We may use or disclose your private health information in the following situations without your consent or authorization.

Required By Law: We may use or disclose your private health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may use and disclose your private health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your private health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health agency.

Communicable Diseases: We may disclose your private health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may use and disclose your private health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefits programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may use and disclose your private health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your private health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your private health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance as, required.

Legal Proceedings: We may disclose your private health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent



such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose your private health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information request for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose your private health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose private health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. Private health information may be used and disclosed for cadaver, organ, eye or tissue donation purposes.

Research: We may disclose your private health 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 private health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your private health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your private health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate condition apply, we may use or disclose private health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) top foreign military authority if you are a member of that foreign military services. We may also disclose your private health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your private health information may be disclosed by us as authorized to comply with workers; compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your private health information if you are an inmate of a correctional facility and your physician created or received your private health information in the course of providing care to you.

YOUR RIGHTS:

You have the right to request restrictions on certain uses and disclosures of your private health information. This means you may ask us not to use or disclose any part of your private health



information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your private health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your private health information, your private health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your private health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by obtaining a medical records release form, filling out the correct information, and submitting it to the Orthopaedic Institute of Southern Illinois.

You have the right to receive confidential communications from us by alternative means or at alternative locations. We will not request an explanation from you as to the basis for the request. Please make this request in writing our Privacy Contact.

You have the right to inspect and copy your private health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and private health information that is subject to law that prohibits access to private health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your private health information.

You have the right to amend your private health information held by the practice. This means you may request an amendment of private health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your private health information.

You have the right to receive an accounting of disclosures of your private health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operation as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, for notification purposes, or disclosures you have authorized. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice from us upon request, even if you agreed to receive the Notice electronically.

You may complain to us or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.



If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact us about any of the information contained in this Notice of Privacy Practices, the Compliance and Privacy Officer is:

Unique Long, Clinical Informatics and Compliance Officer
Orthopaedic Institute of Southern Illinois
618-997-6800, ext. 1624

Notice of Privacy Practices

I, _____, have read and received the Notice of Privacy Practices. I understand that, by signing this document, I hold Orthopaedic Institute of Southern Illinois harmless for any release made pursuant to this Authorization.

Signature of Patient or Legal Representative

Date: _____

Description of Legal Representative's Authority

_____ I have declined a written copy of the Notice of Privacy Practices for the Orthopaedic Institute of Southern Illinois.