

Susquehanna Orthopaedic Associates
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Notice of Privacy Practice
Original effective date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

Susquehanna Orthopaedic Associates (physicians, physician assistants and medical staff, hereby referred to as we) are required by law to maintain the privacy of "protected health information or PHI." Protected health information includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received or payment for your health care. A federal regulation known as the HIPAA Privacy Rule requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice. We recognize that our relationships with current and past patients are based on integrity and trust and we work hard to maintain your privacy and are very careful to preserve the private nature of our relationship with you. At the same time, the very nature of our business sometimes requires that we collect or share certain information about you with others. As such, we want you to be aware of how we handle personal information and the important measures we take to protect it.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient or where there is a reasonable basis to believe the information can be used to identify a patient. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of our legal duties and privacy practices with respect to PHI and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

Understanding your health record:

A record is made each time you visit a hospital, physician or other health care providers. Your symptoms, examination, test results, diagnoses, treatment and a plan for future care are recorded. This information is most often referred to as your "health or medical record" and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy and enable you to relate to who, what, when, where and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others.

Understand your health information rights:

Your health record is the *physical property of the physician or facility that compiled it*, but the content is about you and therefore you may obtain a copy for your records. There is a fee schedule established by the Federal Registry that increases periodically, for the cost of preparation and copying of your records, for which you would be responsible. The cost of duplicating x-rays is dependent upon the market cost of film. You have the right to request restrictions on certain uses and disclosures of your information and to request amendments be made to your health record. Your rights include being able to review or obtain a paper copy of your health information and to be given an account of all disclosures. You may also request communications of your health information be made by alternative means or to alternative locations. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information. If we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations we will notify you in writing. This office reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient medical information. In the event that changes are made, this office will notify you at the current address provided on your medical file. If in the future, this office has a web site available, we will post changes to our web site that provides information about our customer service and/or benefits.

Summary of your rights as stated above include:

• **The right to inspect and obtain a copy of your health information**

You must submit your request in writing to the Privacy Official and will be responsible for the copying fees, mailing or other supplies and services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

• **The right to amend**

If you feel the health information we have in your medical record is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing, submitted to the Privacy Official and must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. In addition you must provide a reason that supports your request for an amendment. We reserve the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that

- ✓ was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- ✓ is not part of the health information kept by or for our practice
- ✓ is not part of the information which you would be permitted to inspect and copy or
- ✓ is inaccurate or incomplete.

• **The right to an accounting of disclosures**

You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment and health care operations as previously described. To request this list of disclosures, you must submit your request in writing to the Privacy Official. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request. If we are unable to supply the list within that time period, we will notify you when it will be ready. This date will not exceed a total of 60 days from the date you made the request.

• **The right to request restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care such as a family member or friend. For example you could ask that we restrict information to your spouse. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction you must make your request in writing to the Privacy Official. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

• **The right to request confidential communications:**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at home, work, mail or a post office box. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. We will accommodate all reasonable requests but you must specify how or where you wish to be contacted.

PERMITTED USES AND DISCLOSURES

Susquehanna Orthopaedic Associates can use or disclose your protected health information for purposes of treatment, payment and health care operations without your permission and with only a few restrictions.

Treatment information obtained by our physicians, physician's assistants and medical staff will be recorded in your medical record and used to determine the course of treatment that should work best for you. This consists of your physicians, physician's assistants and medical staff recording and/or documenting his/her expectations and those of others involved in providing your care. The sharing of your health information may progress to others such as specialty physicians, x-ray personnel, physical therapists, pharmacists, hospitals, ambulatory care centers, surgical posting personnel and lab technicians in order to coordinate or manage your health care and related services. In addition, we may use and disclose PHI about you when referring you to another health care provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician at the hospital if you have diabetes so that we can arrange for appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort, so your family can be notified about your condition status and location. We may disclose PHI to your new physician, a specialist, a family physician or consulting physician that we are referring you to for treatment or has referred you to us. For example, we may need to send a report which includes allergies to medications to your primary care, to a hospital, to a surgical center or along with requests for test scheduling..

Payment: Your health care information will be used in order to receive payment for services rendered by this office. A bill may be sent to either you, your insurance company or a third party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used. Our staff, your insurance company, employer or their representative may be in contact with you for clarification purposes to process payments on your behalf or to seek payment. Information given will be limited to only that information needed for resolving the matter. If your account is referred to a collection agency and or attorney for payment, sharing of your health information, insurance information and personal identifier information will be given to help resolve the matter. But this information will be limited as much as possible. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services, to find out if your health plan will cover the cost of care and services provided and to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management and collection activities. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another provider or to a company or health plan required to comply with HIPAA Privacy Rules for the payment activities of that health care provider, company or health plan. For example, we may allow a health insurance company to review PHI for the insurance company to determine the benefits to be paid for your care.

Health Care Operations: The medical staff in this office will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- **Business Associates:** Some or all of your health information may be subject to disclosure through contracts for services to assist this office in providing health care. For example, it may be necessary to obtain specialized assistance to process certain laboratory tests or radiology images. To protect your health information, we require these Business Associates to follow the same standards held by this office through terms detailed in a written agreement.
- **Notification:** Your health records may be used to notify or assist family members, personal representatives or other persons responsible for your care to enhance your well being or whereabouts.
- **Communication with Family:** Using our best judgment, a family member or close personal friend, identified by you, may be given information relevant to your care and/or recovery.
- **Food and Drug Administration (FDA):** This office is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, product and product defects for surveillance to enable product recalls, repairs or replacements.
- **Drug Representatives:** This office distributes sample medications whenever the supply is available. These medications are free of charge and allow the patient the opportunity to try a medication prior to having his/or her prescription filled. A list of names, the drug, the amount and the tracking number is kept in the office to enable product recalls. The drug representative does not receive a copy of this list but a log is required. Some drug companies offer assistance to low income patients. A form must be completed with financial and medical information to apply. This office will make a discerning effort to restrict information to the amount necessary to accomplish the intended use of disclosure
- **Patient Directory: (typically applicable to inpatient settings):** Unless you object, this office will use your name, room number, general condition and religious affiliation for directory purposes. This information will be made available to clergy and others who ask for you by name. If you do not wish this information to be given, please notify this office as well as the admission clerk at the respective hospital at the time of your admission.
- **Marketing:** This office reserves the right to contact you with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you. Please let us know if you do not wish to have us contact you or if you wish to use a different telephone number or address for this purpose
- **Third Party Payers:** This office will release information to your designated insurance company. Some of the information required includes your name, date of birth, address, social security number, sex, policy number, policy holder, employer's group, date of injury or onset, diagnoses and type of service. Additional medical documentation may be sent at the insurer's or office's request in order to process or appeal payments.

SPECIAL SITUATIONS

- **Coroners, Health Examiners and Funeral Directors:** Your health information may be disclosed consistent with laws governing mortician services, to identify a deceased person and to determine the cause of death.
- **Organ/Tissue Procurement Organizations:** Your health information may be disclosed consistent with laws governing entities engaged in the procurement, banking or transplantation of organs or tissue for the purpose of tissue donation or transplant. For example, if you are undergoing an anterior cruciate ligament repair, you may choose to use cadaver tissue instead of harvesting your own. It would then be necessary to release health information to facilitate tissue transplantation.

- **Research (typically applicable to inpatient settings):** Your information will be disclosed to researchers upon Institutional Review Board approval and upon the assurance that established protocol to ensure the privacy of your health information has been obtained.
- **Worker's Compensation:** This office will release information to the extent authorized by law in matters of worker's compensation. Your employer, their representative, an assigned case worker or their insurance company are entitled to your medical documentation, diagnosis, treatment plan and progress notes prior to processing your claim for payment. We may release health information to programs that provide benefits such as retraining for work-related injuries or illnesses.
- **Public Health:** This office is required by law to disclose health information to public health and/or legal authorities charged with tracking reports
 - ✓ to control communicable disease, injury or disability,
 - ✓ to report births and deaths,
 - ✓ to report child abuse or neglect,
 - ✓ to report reactions to medications or problems with products,
 - ✓ to notify people of recalls of products they may be using,
 - ✓ to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **Correctional Facilities:** This office will release medical information on incarcerated individuals to correctional agents or institutions for the necessary welfare of the individual or for the health and safety of other individuals. The rights outlined in this Notice of Privacy Practices will not be extended to incarcerated individuals.
- **Law Enforcement:** Your health information will be disclosed for law enforcement purposes as required under state law or in response to a valid subpoena. Provisions of federal law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities or attorneys in the event that a staff member or business associate of this office believes in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more patients, workers or the general public. For example we would report
 - ✓ certain injuries such as gunshot wounds, burns, injuries to perpetrators of crime,
 - ✓ a response to a court order, subpoena, warrant, summons or similar process
 - ✓ the identity or location of a suspect, fugitive, material witness or missing person
 - ✓ a death we believe may be the result of criminal conduct
 - ✓ criminal conduct at our facility and
 - ✓ a crime, the location of the crime, the victims of the crime and/or the identity, description, or location of the person who committed the crime in an emergency circumstance.
- **National Security and Intelligence Activities:** We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Military and Veterans:** If you are a member of the armed forces or separated/discharged from the military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities

OFFICE PROCEDURES

- **Patient Forms** which include disability forms, forms for wages, out of work slips, out of school slips, family medical leave forms and permission to take medication on the job or at school require personal and medical information to be disclosed. The patient must complete their portion of all forms and sign the authorization allowing us to release this information prior to being completed by the office. All forms or slips must be picked up at the office when ready. It will then be the responsibility of the patient to mail, fax or hand carry their personal information to the designated person or place. The office will no longer honor requests to fax the information to your home or to an outside party. In cases of hardship, forms can be mailed to a patient's home or a representative with proper authorization and identification may pick up the form on behalf of the patient. There is a nominal charge for completion of forms. The fee for copying medical records is variable dependent upon the size of the record to be prepared and is preset by the Federal Registry.
- **FAX/Mail:** This office will disclose personal health information via fax for treatment purposes, payment purposes and health care operations. We will disclose information to a health care provider for continuity of care, to schedule a test on your behalf, to register you for a procedure and for quality assurance, case management, accreditation, certification or licensing
- **Telecommunication and Appointment Reminders :** This office may contact you periodically. Unless we speak to you the patient directly, we will leave a minimum of information asking that you contact the office.

Reasons for contact

1. as a reminder of an impending appointment or cancellation thereof,
2. as a reminder to bring your referral
3. to verify insurance information,
4. as a reminder of your co payment or to discuss your account,
5. to notify you of a test, surgical procedure or medication that has been ordered.
6. to receive a post operative progress report
7. to notify you that your requested paperwork has been completed

Messages may be left at the following places if the office is unable to reach you asking you to contact the office

1. your home answering machine
2. with a family member or house mate
3. on your cellular answering machine
4. with your work receptionist/supervisor
5. on your work answering machine

If you do not wish to be contacted, or wish to limit your access please notify the office in writing to let us know what alternate means we should use to reach you.

- *Non routine requests for PHI must be approved by the directed healthcare physician.*
- *This request must be done in writing stating the reason this information should be disclosed.*
- *You may send your request to John P. O'Hearn, M.D. 2 Colgate Drive, Suite 204, Forest Hill, Maryland 21050*

NOTICE OF PRIVACY PRACTICES AVAILABILITY:

The terms described in this notice will be posted where registration occurs. All individuals receiving care will be given a hard copy. An additional copy of the Notice of Privacy Practices will not be distributed unless amendments have been made. There will be, however, a copy posted in the office at the registration desk for purposes of review.

TO RECEIVE ADDITIONAL INFORMATION OR REPORT A PROBLEM

For further explanation of this notice, you may contact THE PRIVACY OFFICER, Carol Streets at 410-879-9636. If you believe your privacy rights have been violated, you have the right to file a complaint in writing with this office or with the Secretary of the Department of Health and Human Services with no fear of retaliation by this office.

Acknowledgement of Receipt of this Notice

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. This acknowledgement will be filed with your records.