

## 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.

### *HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:*

**For treatment:** Each time you visit our office a record of your visit is made. This record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. We may use this medical information to provide you with medical treatment or services. Different departments may also share medical information about you in order to coordinate things such as prescriptions, lab work, x-rays or physical therapy.

**For payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed, and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment/or service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For health care operations:** We may use and disclose medical information about you for the practice operations, for review and learning purposes and quality improvement. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. These uses and disclosures are necessary to run the practice and make sure that all of our patients receive quality care.

**As required by law:** We will disclose medical information about you when required to do so by federal, state or local law. We may release medical information during legal proceedings, which would be in response to a court order, subpoenas, warrants, summons or similar processes.

**Workers compensation:** We may release medical information about you for workers compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

**Emergencies:** We may release medical information to other physicians or family members during emergencies and in cases of abuse and neglect.

### *YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:*

**To access your records:** Although your health record is the physical property of the healthcare provider the information belongs to you. You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy these records you must submit your request in writing to Guilford Orthopaedic and Sports Medicine Center. If you request a copy, there is a fee charged for copying records. When requesting records, there is a time limit as to when we will provide these to you. We will provide records within 30 days for records kept on site, and 60 days for records stored off site.

**To request restrictions on who can see your records:** You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you, to someone who is involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide you with emergency treatment. To request restrictions, you must make the request in writing. In the request, you must tell us 1) what information you want to limit, 2) whether you want to limit our use, or disclosure, or both, and 3) to whom you want the limits to apply.

**To request confidential communication:** You must make the request in writing, if related to payment or billing information. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**To request amendments to your records:** If you feel that medical information about you is incorrect or incomplete, you may ask to amend the information. The record can be amended, but NOT changed. To request an amendment, your request must be in writing. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information that 1) was not created by our practice, 2) is not part of the medical information kept by the practice, 3) is not part of the information which you would be permitted to inspect and/or copy, and 4) is accurate or complete.

**To find out who sees your records:** You have a right to request an “accounting of disclosures”. To request this list, you must submit your request in writing. Your request must state a time period which may not be longer than 6 years and may not include dates before April 14, 2003.

***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.***

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We reserve the right to make revised or changes to the notice effective for medical information we already have about you as well as any information we receive in the future.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with Guilford Orthopaedic and Sports Medicine Center or with the Secretary of the Department of Health and Human Services. Please submit a complaint in writing to Guilford Orthopaedic and Sports Medicine Center and mail to the Compliance Office.