

## NOTICE OF PRIVACY PRACTICES

**This Notice describes how medical information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition, and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice of Privacy Practices upon your request. You may also obtain a copy of the Notice by accessing our website ([www.orthoma.org](http://www.orthoma.org)).

### 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your provider, our office staff, and others outside of our office who are involved in your care and treatment, for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care services and to support the operation of the provider's practice.

The following are examples of the types of uses and disclosures of your protected health information that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**A. Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose your protected health information to other physicians who may be treating you, when we have the necessary permission from you. For example, your protected health information may be provided to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**B. Payment:** Your protected health information may be used, as needed, to obtain payment for health care services. This includes activities that your insurance plan may undertake before approving or paying for the health care services we recommend for you, such as determining eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and conducting utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain authorization for the hospital admission.

**C. Healthcare Operations:** We may use or disclose your protected health information, as needed, to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, and the training of medical students. For example, we may disclose your protected health information to medical students who are seeing patients at our office. In addition, we may use a sign-in sheet for research purposes. If your information is used for research, you will be presented with a research authorization form that does not expire. The authorization will continue until the end of the research study or until you revoke the authorization in writing.

**D. 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 protected health information that directly relates to that person's involvement in your health care. If you are unable to agree to 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 protected health information to notify, or assist in notifying, a family member, personal representative, or any other person that is responsible for your care, your general condition, or your death. Finally, we may use or disclose your protected 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.

**E. Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall attempt to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician, or another physician in the practice, is required by law to treat you and has attempted to obtain your consent but is unable to do so, he or she may still use or disclose your protected health information to treat you.

**F. Communication Barriers:** We may use and disclose your protected health information if your physician or another provider in the practice 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 the use or disclosure under the circumstances.

**G. Legal Documents:** We may use or disclose your protected 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.

**H. Public Health:** We may disclose your protected 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 protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**I. Communicable Diseases:** We may disclose your protected 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.

**J. Health Oversight:** We may disclose protected 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 healthcare system, government benefit programs, other government regulatory programs, and civil rights laws.

**K. Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information 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.

**L. Food and Drug Administration:** We may disclose your protected health information to a person or company named by the Food and Drug Administration to report adverse events, product defects or problems, biological deviations, track products, enable product recalls, make repairs, or conduct post-marketing surveillance.

**M. Legal Proceedings:** We may disclose protected 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), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

## NOTICE OF PRIVACY PRACTICES CONTINUED

**N. Lawful Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: legal processes and those otherwise required by law; limited information requests for identification and location purposes; information pertaining to victims of a crime; suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of the practice; in a medical emergency (not on the practice's premises); and if it is likely that a crime has occurred.

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

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

**Q. Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel: for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits; or to a foreign military authority for members of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other like authorities.

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

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

**T. Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

**U. Breach:** The impermissible use or disclosure of Protected Health Information is presumed to be a breach unless the Covered Entity or Business Associate, as applicable, demonstrates that there is a low probability that the Protected Health Information has been compromised.

### 2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights:

**A. You have the right to inspect and copy your protected health information:** This means you may inspect and obtain a copy of your protected health information that is contained in a designated record set, for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled for use in or in reasonable anticipation of a civil, criminal, or administrative action or proceeding; and protected health information that is subject to laws that prohibit access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact one of our Privacy Officials if you have questions about access to your medical record.

**B. You have the right to request a restriction of your protected health information:** This means you may ask that we not use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that we not disclose any part of your protected health information 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 specify the restriction requested and to whom or what agency you want the restriction to apply. Your physician is not required to agree to a restriction that you request. If the physician believes it is in your best interest to permit the use and disclosure of your protected health information, your request for restriction may not be granted. If your physician agrees to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restrictions you wish to request with your physician. You may request a restriction by completing a restriction form.

**C. You have the right to request that you receive confidential communications from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We may also condition this accommodation by asking for information on how payment will be handled or the specification of an alternative address or other method of contact. We will not require an explanation from you regarding the basis for your request. Please make this request in writing to one of our Privacy Officials.

**D. You may have the right to have your physician amend your protected health information:** This means you may request an amendment to your protected health information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement, and we may prepare a rebuttal to your statement. We will provide you with a copy of any rebuttal. Please contact one of our Privacy Officials if you have questions about amending your medical record.

**E. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information:** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations, as described in this Notice of Privacy Practices. It excludes disclosures made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding disclosures made after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**F. You have the right to obtain a paper copy of this notice:** You may request a paper copy of this notice, even if you have agreed to accept it electronically.

### 3. COMPLAINTS

You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, please notify our Privacy Officials. We will not retaliate against you for filing a complaint or for requesting information regarding the complaint process.

You may contact our Privacy Officials at:

Ortho MA  
53 Southampton Rd  
Westfield, MA 01085  
(413) 836-7846