

TUCKER ORTHOPEDICS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

THIS NOTICE IS EFFECTIVE ON AND AFTER JANUARY 1, 2008.

If you have any questions regarding this notice, you may contact our privacy officer at:

**Eric Brinkhoff, Privacy Officer
Tucker Orthopedics
1082 Bower Hill Road, Suite 100
Pittsburgh, PA 15243**

I. YOUR PROTECTED HEALTH INFORMATION.

We, "Tucker Orthopedics" are required by state and federal rules to maintain the privacy of health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

This notice applies to all records of your care created or received at Tucker Orthopedics. This notice also covers those physicians, healthcare providers, and independent contractors that provide service at our offices. Tucker Orthopedics and such individuals will share protected health information for the treatment, payment, and healthcare operations described in this notice.

Generally speaking, your protected health information is any information that relates to your past, present or future physical, or mental, health condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

A. Treatment, Payment, and Health Care Operations

1. **Treatment**-We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians and our staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician or health care facility to whom we have referred you for care or whom we are consulting regarding your care. (i.e. home health agency, laboratory, radiology center, durable medical equipment or hospital where we are admitting or treating you).
- We may contact you to provide appointment reminders.

2. **Payment**-We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. This includes activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. When you come to our offices, we will obtain your consent for these types of payment disclosures. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage, whether proposed treatment is a covered service, for submission of a claim form, or to support the medical necessity of a health service.
- Sharing your demographic information (i.e. your address) with other health care providers who seek this information to obtain payment for health care services provided to you.
- Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.

3. **Health care operations**-We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans, if they have or had a relationship with you. Some examples of health care operation purposes include:

- Reviewing the competence, qualifications, quality assessment, or performance of health care professionals.
- Conducting training programs for medical and other students.
- Conducting other medical review, legal services, auditing functions, business planning and development.
- Instituting health care fraud and abuse detection and compliance programs.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Uses and Disclosures for Other Purposes

We may use and disclose your protected health information for other purposes. Possible reasons for such disclosures are described in the categories below. Not every use or disclosure in a category will be listed as an example. Some examples may fall into more than one category.

1. **Required by law**-We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments, and blood alcohol testing.
2. **Individuals involved in care or payment for care**-We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend, unless you tell us in advance not to. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care.
3. **Notification purposes**-We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding a your location, general condition, or death, in less you tell us in advance not to. For example, if you are hospitalized, we may notify a family member of your admittance to the hospital and your general condition. In addition, we may disclose your protected health information to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

4. **Other public health activities**-We may use and disclose protected health information for public health activities, including:

- Public health reporting, for example, communicable disease reports.
- Child abuse and neglect reports.
- FDA-related reports and disclosures, for example, adverse event reports.
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.

5. **Health oversight activities**-We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection.

6. **Victims of abuse, neglect or domestic violence**- We may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence in addition to child abuse, for example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

7. **Judicial and administrative proceedings**-We may use or disclose protected health information in judicial or administrative proceedings in response to a valid court or administrative order. We may also use or disclose your protected health information in response to a subpoena, discovery request, or other lawful process. We would only disclose this information if efforts have been made to tell you about the request or if there is a qualified protective order protecting the information requested.

8. **Law enforcement purposes**-We may use and disclose protected health information for certain law enforcement purposes including to:

- Comply with legal process, for example, a search warrant.
- Report a crime in an emergency or on the premises.
- Respond to a request for information about a crime victim.
- Report a death suspected to have resulted from criminal activity.

- Comply with a legal requirement, for example, mandatory reporting of gun shot wounds.

9. **Funeral Directors, Medical Examiners and Coroners**-We may use protected health information for purposes of providing information to a funeral director, coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

10. **Organ and tissue donation**-For purposes of facilitating organ, eye and tissue donation and transplantation, we may use protected health information and disclose protected health information to entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

11. **Workers' compensation and similar programs**-We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work injury.

12. **Business associates**-Certain functions of our practice are performed by business associate such as a billing company, an accountant firm, or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. To protect your health information, we require our business associates to sign a contract that states they will appropriately safeguard your protected health information. For example, we may share with our billing company information regarding your care and payment for your care so that the company can file health insurance claims and bill you or another responsible party.

13. **Threat to public safety**-We may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

14. **Specialized government functions**-We may use and disclose protected health information for purposes involving specialized government functions including:

- Protective services for the President and others.
- National security, intelligence, military or veterans activity.
- Correctional institutions and other law enforcement custodial situations.

15. **Creation of de-identified information**-We may use protected health information about you in the process of de-identifying the information. For example, we may use your protected health information in the process of removing those aspects that could identify you so that the information can be disclosed to a researcher without your authorization.

16. **Incidental disclosures**-We may disclose protected health information as by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.

17. **Specifically approved research**-We may disclose your protected health information to researchers when an Institutional Review Board or Privacy Board has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your protected health information, and has approved the research.

C. Uses and Disclosures with Authorization

For all other purposes that do not fall under a category listed under above, we will obtain your written authorization under federal law or your consent under state law to use or disclose your protected health information. You may always refuse to sign an authorization or consent, and neither treatment, payment, enrollment, nor eligibility for benefits will be conditioned upon you providing or refusing to provide such authorization or consent. Your authorization can be revoked at any time except to the extent that we have relied on the authorization. Some typical disclosures that require your consent or authorization are as follows:

1. **HIV-related information**-We will disclose confidential HIV-related information about you only in accordance with state law. Generally, state law requires that confidential HIV-related information may only be released to whom you specify in a written consent or to those persons specified by state law who may receive the information without your consent.

2. **Research**-Unless we receive specific approval from an Institutional Review Board or Privacy Board, we may disclose your protected health information only after you have signed a written authorization.

3. **Marketing**-We may ask you to sign an authorization allowing us to use or disclose your health information in order to contact you as part of a marketing effort. As part of our marketing, we may tell you about health-related products or services that may be of interest to you.

III. PATIENT PRIVACY RIGHTS

You have the following rights with regards to your protected health information. If you have any questions regarding how you may exercise your health information rights, please contact our Privacy Officer.

For all other purposes that do not fall under an aforementioned category, we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

- A. **Further restriction on use or disclosure**-You have a right to request that we further restrict use and disclosure of your protected health information (i) to carry out treatment, payment, or health care operations, (ii) to someone who is involved in their care or the payment for your care, or (iii) for notification purposes. **We are not required to agree to a request for a further restriction.**

If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or for certain other uses and disclosures permitted by law.

To request a further restriction, you must complete a separate request form and submit it to our Privacy Officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

- B. **Confidential communication**-You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. **We are not required to agree to requests for confidential communications that are unreasonable.**

To make a request for confidential communications, you must submit a written request to our Privacy Officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

- C. **Accounting of disclosures**-You have a right to obtain, upon request, an “accounting” of certain disclosures of your protected health information by us (or a business associate for us). This right is limited to disclosures within six years of the request, may not be for disclosure before April 14, 2003 and is subject to other limitations. Also in limited circumstances we may charge you for providing the accounting. To request an accounting, you must submit a written request to our Privacy Officer. The request should designate the applicable time period.

- D. **Inspection and copying**-You have a right to inspect and obtain a copy of your protected health information that we maintain in a designated records set. This right is subject to limitations and we may impose charges for the labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to our Privacy Officer. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy, (c) specify any requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

- E. **Right to amendment**-You have a right to request that we amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our Privacy Officer. The request must specify each change that you want and provide a reason to support each requested change.

- F. **Paper copy of privacy notice**- You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact our Privacy Officer.

IV. **CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change – including information that we created or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting rooms of our offices. At any time, patients may review the current notice by contacting our Privacy Officer. Patients also may access the current notice at our web site at www.tuckerorthopedics.com.

V. **COMPLAINTS**

If you believe that we have violated your privacy rights, you may submit a complaint to our practice or the Secretary of Health and Human Services. To file a complaint with our practice, submit the complaint in writing to our Privacy Officer. We will not retaliate against you for filing a complaint.

VI. **LEGAL EFFECT OF THIS NOTICE**

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.