

DANVILLE ORTHOPEDIC CLINIC, INC. NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE 04-14-03

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.

Danville Orthopedic Clinic, Inc. (Hereafter referred to as DOC) is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of its legal duties and privacy practices with respect to your health information. We will not use or disclose medical information about you without your written authorization, except as described in this notice.

HOW DOC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

DOC protects the privacy of your health information. The law permits DOC to use or disclose your health information for the following purposes:

- Treatment, Payment and Regular Health Care Operations-Information obtained by DOC will be used to dispense and provide Orthopedic HealthCare goods and services to you, bill your insurance carrier if you have third party coverage, and to record and monitor the service provided to you. Information will also be provided to you upon your request.
- As and When Required by law- We may use and disclose your health information to Public Health Officials, Law Enforcement, Health Oversight Activities (For audits, investigations, etc.), Judicial and Administrative, Deceased Person Information, Workers Compensation programs, Food & Drug Administration (FDA for reporting of adverse drug events and quality issues), if there is a serious threat to your health or safety, in times of National Security, if you are in the Military or a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.
- Personal Communications- We may contact you to provide appointment reminders and other information about treatment alternatives or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in your care or payment for your care.
- Disclosure to Our Business Associates-There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclosed health information about you to our business associates so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, we require the business associate to appropriately safeguard the health information.
- Victims of Abuse, Neglect or Domestic Violence-We may disclose your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

MARKETING COMMUNICATIONS. We must obtain your written authorization prior to using your health information to send you any marketing materials. We may communicate with you about products or services relating to your treatment, care, or alternative treatments, or providers without authorization.

WHEN DOC MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, DOC will not use or disclose your health information without your written authorization. If you do authorize DOC to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law.

You have the following rights with respect to your health information.

- You have the right to request restrictions on certain uses and disclosures of your health information. To make such a request, you must complete the **Restriction of the Use of Patient Information form** and the request will apply only to the location providing services. DOC is not required to agree to the restriction that you requested.
- You have the right to inspect and copy your health information as long as DOC maintains the health information. Your health information usually will include prescription and billing records. To inspect or copy your health information, you must complete a **Request to Inspect Medical Records form** and submit this request to the location that provided your services. We may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
- You have the right to request that DOC amend your health information that is incorrect or incomplete. To request an amendment, you must complete a **Request to Amend Medical Records** to the location providing services. DOC is not required to change your health information and will provide you with information about the procedure for addressing any disagreement with the denial.
- You have a right to receive an accounting of disclosures of your health information we have made after April 14, 2003 for most purposes other than treatment, payment, health care operations, information provided to you, and certain government functions. To request an accounting, you must complete a **Request For Accounting of Disclosure** to the location providing services. You must specify the time period but it may not be longer than 6 years. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
- You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communications of your health information, you must complete a **Request for Alternative Communication** to the location providing services and it will be good for only the location providing services. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

If you would like to exercise one or more of these rights, contact the location that provided you services or submit a written request to Danville Orthopedic Clinic, 125 Executive Drive Suite A, Danville, Va. 24541. Attention: Privacy Officer

Changes to this Notice of Privacy Practices

DOC reserves the right to amend our practices and this Notice of Privacy Practices at any time in the future and to make the new Notice effective for all medical information we maintain. Until such amendment is made, DOC is required by law to comply with this Notice. The revised notice will be posted in the Waiting Room Lobby and a paper copy will be available upon request.

For More Information or to Report a Problem

If you have questions or would like additional information about the DOC privacy practices, you may contact the DOC HIPAA Coordinator at the address above. If you believe your privacy rights have been violated, you may file a written complaint, for which there will be no retaliation, using our form with HIPAA Privacy, 922 W. Walnut, Rogers, AR 72756-3540, or with the Secretary of Health and Human Services.

By signing below, I acknowledge that I have received DOC's Privacy Notice.

DATE: _____