

Jansen Orthopaedic Clinic

Summary of HIPAA NOTICE OF PRIVACY PRACTICES Effective April 14, 2003 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.

A full version (7 pages) of this Privacy Notice is available to you at the front desk of our location. Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information. If you should have any questions or require further information, please contact our Privacy Officer at (574) 267-2663.

How We May Use or Disclose Your Health Information

The following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time.

Treatment: We may use or disclose your health information to provide you with medical treatment, services or coordinate your care with another health care provider. For example, information obtained by a provider providing health care services to you will record such information in your record and that record may be shared with other providers involved in your care.

Payment: We may use or disclose your health information in order for services you receive at our office to be paid by you insurance carrier. For example, we may disclose appropriate information for reimbursement, collection or payment purposes.

Health Care Operations: We may use or disclose your health information for health care operations. For example, members of our quality improvement team may use information in your health record to assess the quality of care that you receive and determine how to continually improve the quality and effectiveness of the services we provide.

Business Associates: There may be instances where services are provided to our office through contracts with third party "business associates". Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that we require of our own staff members and affiliates.

Required by Law: We will disclose medical information about you when required to do so by federal, state or local law.

Communications: Our professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person **you identify**, health information relevant to that person's involvement in your care or payment related to your care. The office may also disclose your condition to family or friends who accompany you to our office. We may call you at a phone number provided by you and leave a message either with the person answering the phone or on an answering machine using the minimum necessary standard.

Fundraising: We may contact you for fundraising activities for our office.

Coroners, Medical examiners and Funeral Directors: We may disclose health information to a coroner or medical examiner. We may also disclose medical information to funeral directors consistent with applicable law to carry out their duties.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

To Avert a Serious threat to Health or Safety: Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans: If you are a member of the armed forces, we may disclose health information about you as required by military command.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.

Protective Services for the President, National Security and Intelligence Activities: 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, or for intelligence, counterintelligence, and other national security activities authorized by law.

Law Enforcement: We may disclose health information when requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders; in emergency circumstances; or when required to do so by law.

Inmates: We may disclose health information about an inmate of a correctional institution or under the custody of a law enforcement official to the correctional institution or law enforcement official.

Your Rights Regarding Your Health Information

The following describes your rights regarding the health information we maintain about you. To exercise your rights, you must submit your request in writing, using the designated form, submitted in a sealed envelope made to the attention of the Privacy Officer, to any of our offices, or send to 2124 N. Biomet Drive, Warsaw, IN 46582.

Right to Request Restrictions: You have the right to request that we restrict uses or disclosures of your health information to carry out treatment, payment, or health care operations. We are not required to agree to a restriction.

Right to Receive Confidential Communications: You have the right to request that we send communications that contain your health information by alternative means or to alternative locations. We must accommodate your request if it is reasonable.

Right to Inspect and Copy: You have the right to an inspection, a paper copy or electronic copy of health information that we maintain about you. If copies are requested or you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor and supply cost of copying; postage; and preparation cost of an explanation or summary, if such is requested. We may deny your request to inspect and copy in certain circumstances as defined by law. If you are denied access to your health information, you may request that the denial be reviewed.

Right to Amend: You have the right to have us amend your health information for as long as we maintain such information. Your written request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.

Right to Receive an Accounting of Disclosure: You have the right to receive an accounting of disclosure of your health information made by us in the six years prior to the date the accounting is requested (or shorter period as requested). This does not include disclosures made to carry out treatment, payment and health care operations; disclosures made to you; communications with family and friends whom you have authorized; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or disclosures made prior to the HIPAA compliance date of April 14, 2003.

Right to Obtain a Paper Copy: You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

To file a complaint if you believe your privacy rights have been violated, please submit your complaint in writing to:

**Jansen Orthopaedic Clinic
Attn: Privacy Officer
2124 N. Biomet Dr.
Warsaw, In 46582**

You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Jansen Orthopaedic Clinic

HIPAA PRIVACY RECEIPT ACKNOWLEDGEMENT

Jansen Orthopaedic Clinic (JOC) Notice of Privacy Practices has been provided to me. I understand I have the right to review the Notice of Privacy Practices prior to signing this document and by signing this document, acknowledge **only** that I have received JOC Notice of Privacy Practices.

JOC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Printed Name of Patient

Printed Name of Personal Representative

Signature of Patient

Signature of Personal Representative

Patient's Date of Birth

Description of Personal Reps. Authority

Date

I authorize the following persons access to my protected health information (PHI):

<u>Name</u>	<u>Date of Birth</u>	<u>Home Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient's signature: _____
For authorization to release PHI to the above listed individuals

The following individual is designated as an emergency contact for me:
Name: _____ Relationship: _____
Phone Number: _____ Date of Birth: _____

The above named patient or personal representative of the patient was given JOC's Notice of Privacy on the date indicated, but either refused to sign the acknowledge or did not return the acknowledgement.

Signature and Title of person providing the "Patients Notice of Privacy"