

Hampton Roads Orthopaedics & Sports Medicine

Notice of Privacy Practices

This Notice of Privacy Practices is being provided to you as a requirement of the privacy regulations issued under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. This notice describes how HROSM may use and disclose medical information about you 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 medical information about you. Your medical information (i.e. “protected health information” for purposes of HIPAA) is information about you, including your demographic information that may identify you and that relates to your past, present and future physical or mental health condition. We are required by law to maintain the privacy of your medical information, and we must abide by the terms of this notice. In this notice, we provide descriptions of the different ways that we may use and disclose your medical information. In some cases, an example is provided to describe the types and uses and disclosures of your medical information that may be made at HROSM. In addition to the privacy protections provided under the federal law (which are described in more detail below) and except in certain limited circumstances, Virginia law requires us to get your written consent (or, under some statutes or rules, written consent from your attorney, guardian, or upon court order) before we can use or disclose your information if you qualify as a patient that:

- Suffers from a sexually transmitted diseases
- Is eligible to receive benefits from the State of Virginia for certain developmental disabilities or mental retardation;
- The Virginia Medicaid program has asked us to serve as a Case Management Service Provider for: receives rehabilitative services through the Virginia Medicaid program, is eligible to receive certain benefits under the Virginia Medicaid’s Preventive Health Education program, is eligible to receive certain Children’s Specialty Clinic services under the Virginia Medicaid program;

Uses and Disclosures of Protected Health Information

For Treatment: We may use and disclose medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, residents, physical therapists, or other health care professionals who are involved in taking care of you. For example, we may disclose your medical information to another doctor or health care provider (such as a specialist, your primary care physician, a pharmacist, or a clinical laboratory) who, at the direction of your HROSM doctor, is involved in your treatment or case. These uses or disclosures of your medical information may also be limited by the Virginia Requirements.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or otherwise. For example, your insurance company may need to know certain information about the diagnostic test (i.e. fluid aspiration) you received so they will pay us or reimburse you for the test or procedure. We may also use or disclose medical information about you to obtain prior approval or to determine whether your insurance company will cover a proposed treatment. These uses or disclosures of your medical information may also be limited by the Virginia Requirements.

For Health Care Operations: We may use and disclose medical information about you for your health care operations. This is necessary to make sure that all of our patients receive quality care and to support the business operation of our practice. These uses or disclosures of your medical information may also be limited by the Virginia Requirements. A few examples of our health care operations are quality improvement, doctor/employee review activities, compliance and the training of medical residents and other health care professionals. Also included in health care operations are the day-to-day tasks that are required to keep our practice locations functioning and to provide you with quality care. For example, in our reception area we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your doctor. We may also call your name in the reception area when your doctor is ready to see you. In addition, we may contact you (i.e. by telephone or mail) to remind you about an appointment, to provide instructions prior to a diagnostic test or procedure, to provide information about other treatment alternatives or other health-related benefits that may be of interest to you, or to discuss your account. In such cases, we may leave a message on your answering machine, if available.

Hampton Roads Orthopaedics & Sports Medicine

Notice of Privacy Practices

The HROSM departments that may have a reason to communicate with you regarding your care include the following: reception, diagnostic testing, clinical services, research, business office, quality improvement. As another part of health care operations, we may use and disclose medical information about you to our “business associates”. Our business associates, such as transcription services, collection agency, and call answering service, just to name a few, who perform services on behalf of our practice. Whenever an arrangement between our practice and a business associate involves the use or disclosure of medical information about you, we will have a written contract with that business associate that will require such business associates to agree to protect the privacy of your medical information.

Uses and Disclosures of Protected Health Information Not Discussed In This Notice

Uses and disclosures of your medical information that have not been described in this notice will not be made without your written permission. If you provide us with permission to use or disclose your medical information you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by such permissions. However, you understand that we are unable to take back any actions that we have already taken with your permission, and that we are required to retain our records of the care we provided to you.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Agreement or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or parts of medical information about you in the situations discussed in the following paragraph. If you are not present or able to agree or object to the use or disclosure of your medical information in such instances, then your doctor may, using his or her professional judgment, use or disclose your medical information if believed to be in your best interest. These uses or disclosures of your medical information may also be limited by the Virginia Requirements.

Individuals involved in your care or payment for your care: Unless you object, we may release medical information about you to a friend, family member, or any other person you identify who is involved in your medical care. We may also give information to someone who helps pay for your care. We may use or disclose medical information about you to notify or to assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your location, general condition, or death.

Research: We may use and disclose medical information about you for research purposes under certain circumstances. However, other than obtaining medical information in preparation for a research program or protocol, your specific permission is generally required if such research will involve the use or disclosure of your medical information. Our research is also generally subject to the special approval of an Institutional Review Board, which among other things, tries to balance the research need with the patient’s need for privacy of their medical information. These uses or disclosures of your medical information may also be limited by the Virginia Requirements.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object:

Unless the Virginia Requirements requires otherwise, we may use or disclose your protected health information, in the certain situations, without your specific permission or without giving you an opportunity to agree or object. Among these situations are the following:

- **As required by law:** We are permitted to discuss medical information about you when required to do so by federal, state, or local law.

Hampton Roads Orthopaedics & Sports Medicine

Notice of Privacy Practices

- **To Avert a Serious Threat to Health or Safety:** In certain circumstances, we may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.
- **Military and Veterans:** If you are a member of the Armed Forces, in certain circumstances we may release your medical information to an appropriate government body.
- **Workers' Compensation:** We may release medical information about you to comply with workers' compensation (or similar) laws.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may in certain circumstances release medical information about you to the correctional institution or law enforcement official.
- **Public Health Activities:** We may disclose medical information about you for public health activities. These activities generally include, without limitation, the following: To prevent or control disease, injury or disability, to report birth and deaths, child abuse and neglect, reactions to medications or problems with products, to notify people of recalls on products that they may be using, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities related to the monitoring of the health care system, government programs or compliance with civil rights laws. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Laws and Disputes: In certain circumstances we may disclose medical information about you in response to a subpoena, discovery request or other lawful order from a court.

Law Enforcement: We may release medical information about you if asked to do so by a law enforcement official as part of law enforcement activities in certain circumstances.

Coroners, Medical Examiners, and Funeral Directors: If authorized by law, we may release medical information to a coroner or medical examiner. We may also release medical information to a funeral director, as consistent with application law, in order to permit the funeral director to carry out his/her duties. Also, medical information may be used and disclosed for organ, eye or tissue donation purposes.

Protective Services for the President, National Security and Intelligence Activities: We may disclose medical information about you to authorized federal officials so they may without limitation (i) provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or (ii) conduct lawful intelligence, counter-intelligence, or other national security activities authorized by law.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that relates to you. To inspect and copy such medical information you must submit your request in writing to our Privacy Officer at the address below. If you request a copy of the information, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in some circumstances. If you are denied access to medical information, you may in certain circumstances, request that the denial be reviewed. In such cases, another licensed health care professional chosen

Hampton Roads Orthopaedics & Sports Medicine

Notice of Privacy Practices

by HROSM will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that medical information that we have about you is incorrect or incomplete, you may ask us to amend the information. In certain circumstances, you have the right to amend your medical information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer at the address below. In addition, you must provide a reason that supports your request. We may deny your request for an amendment in certain circumstances.

Rights to an Accounting of Disclosures: You have the right to review an accounting of certain disclosures that we have made. To request an accounting of disclosures you must submit your request in writing to our Privacy Officer at the address below. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists within a single 12-month period, we may charge you for the costs of providing the lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on how we use or disclose certain medical information about you, including how we use or disclose your medical information in payment or health care operations. 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 emergency treatment. To request restrictions you must make your request in writing to our Privacy Officer at the address below. In your request, you must provide what information you wish to limit and whether you want to limit our use, disclosure or both and to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer at the address below. We will not ask you for your reason. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you must submit your request in writing to our Privacy Officer at the address below or simply ask for a copy at the reception/check-in desk at HROSM.

Changes to This Notice: We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information as well as any information we receive in the future. We will post a copy of the current notice. This notice will contain on the first page, in the bottom right hand corner, the effective date.

Complaints: If you believe your privacy right has been violated you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with HROSM, contact the Privacy Officer at the address below. All complaints must be submitted in writing. You will not be penalized for filing a complaint. We will deal with all complaints in a reasonable and efficient manner.

Other Uses of Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization; You understands that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of care and services that we provided to you.

Hampton Roads Orthopaedics & Sports Medicine

Notice of Privacy Practices

Attention: Privacy Officer

Hampton Roads Orthopaedics & Sports Medicine

730 Thimble Shoals Blvd., Suite 130

Newport News, VA 23606