

Effective Date of this Notice: April 14, 2003

ATHENS ORTHOPEDIC CLINIC, P.A. and GEORGIA SPORTS MEDICINE INSTITUTE

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF THIS OFFICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS PRIVACY NOTICE CAREFULLY

IF YOU HAVE QUESTIONS, PLEASE CONTACT THE PERSON LISTED AT THE BOTTOM OF THIS NOTICE

I. OUR COMMITMENT TO YOUR PRIVACY

ATHENS ORTHOPEDIC CLINIC, P.A. (AOC) and ***GEORGIA SPORTS MEDICINE INSTITUTE*** (GSMI) is committed to maintaining the privacy of your protected health information (PHI). As we provide treatment and services to you, we create records that contain your medical and personal information, referred to as protected health information, or PHI. We need these records to provide you with quality care and to comply with various legal requirements. The terms of this Privacy Notice apply to all records containing your PHI that are created or retained by the Practice. We are required by federal and state law to maintain the privacy of your PHI maintained in such records. We also are required by law to provide you with this Privacy Notice of our legal duties and the privacy practices that we have established and which we maintain in the Practice concerning your PHI. We must follow the terms of the Privacy Notice that we have in effect at the time.

This Privacy Notice provides you with the following important information:

- How we may use and disclose your PHI.
- Your privacy rights with respect to your PHI.
- Our obligations concerning the use and disclosure of your PHI.
- Important contact information.

II. CHANGES TO THIS PRIVACY NOTICE

We reserve the right to revise or amend this Privacy Notice. Any revision or amendment to this Privacy Notice will be effective for all of your records that AOC and GSMI has created or maintained in the past, and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice in the Office in a visible location at all times. [You may request a copy of our most current Notice at any time. You will be provided with a copy of this Notice upon your check in at the office.]

III. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe and give some examples of the different ways in which we may use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclosed PHI will fall within one of the categories listed below.

1. Treatment. We may use your PHI to provide the medical services to you. For example, we may provide x-rays or diagnostic tests at the request of your attending physician. Your physician may use the results to reach a diagnosis, in which case the medical office would use the test results to provide necessary services to treat your injury or illness.

2. Payment. We may use and disclose your PHI in order to bill and collect payment from you, Medicare or Medicaid, an insurance company, or other designated third party payor, for the treatment and services we provide to you. For example, we may contact your health plan to certify that you are eligible for benefits, and we may provide your plan with details regarding your treatment to determine if the plan will cover, or pay for, your treatment.

3. Healthcare Operations. We may use and disclose your PHI to operate our business. For example, the office may use your PHI to conduct quality assessment and improvement activities, review the performance of physicians on our physicians.

4. Treatment Options. We may use and disclose your PHI to provide information to you about treatment options or alternatives.

5. Health-Related Benefits and Services. We may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

6. Release of Information to Family/Friends. We may release your PHI to a friend or family member who is involved in your care, or who assists in taking care of you. We may also give information to someone who pays, or helps pay, for your medical care. As stated in Section V below, you have the right to request restrictions on who receives your medical information. Therefore, if there are specific family members or other persons to whom you do not want your PHI disclosed, please let us know in the manner required by Section V.

IV. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe special situations in which the office may use or disclose your PHI:

1. As Required By Law. AOC and GSMI will disclose PHI when required to do so by federal, state or local law.

2. Public Health Risks. AOC and GSMI will disclose your PHI to public health or government authorities that are authorized by law to collect information for purposes such as, but not limited to, the following:

- Maintaining vital records, such as births and deaths.
- Reporting child abuse or neglect.
- Preventing or controlling disease, injury or disability.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with products or devices.
- Notifying individuals if a product or device they may be using has been recalled.
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- Notifying your employer under limited circumstances required by law primarily relating to workplace injury or illness or medical surveillance.

3. Health Oversight Activities. AOC and GSMI may disclose your PHI to a public health oversight agency for oversight activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

4. Lawsuits and Similar Proceedings. AOC and GSMI may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. AOC and GSMI also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if the requesting party has made an effort to inform you of the request or to obtain a qualified protective order protecting the information the party has requested.

5. Law Enforcement. AOC and GSMI may release PHI if asked to do so by appropriate law enforcement officials as permitted or required under the HIPAA privacy standards. Some of the circumstances under which AOC and GSMI may release PHI to law enforcement officials include the following:

- AOC and GSMI provide treatment for certain types of wounds and physical injuries, as required by law.
- AOC and GSMI provide treatment to a person believed to be a crime victim, in certain situations.
- Where a patient of AOC and GSMI has died, and certain healthcare professionals at AOC and GSMI suspect that the death was caused by criminal conduct.
- In circumstances where AOC and GSMI reasonably suspects that criminal conduct occurred at the office.
- In response to a warrant, summons, court order, subpoena or similar legal process.

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- To assist in identifying or locating a suspect, material witness, fugitive or missing person.
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

6. Coroners, Medical Examiners, and Funeral Directors. AOC and GSMI may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their services.

7. Organ and Tissue Donation. If you are an organ donor, AOC and GSMI may release PHI to organizations that handle organ or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

8. Serious Threats to Health or Safety. AOC and GSMI may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, AOC and GSMI will only make disclosures to a person or organization able to help prevent the threat.

9. Military. If you are a member (or veteran) of U.S. or foreign military forces, AOC and GSMI may release your PHI as required by the appropriate authorities.

10. National Security. AOC and GSMI may disclose your PHI to federal officials for intelligence and national security activities authorized by law. AOC and GSMI also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. If you are an inmate of a correctional institution, or under the custody of law enforcement officials, AOC and GSMI may disclose your PHI to such correctional institutions or law enforcement officials. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation. AOC and GSMI may disclose your PHI for workers' compensation and similar programs, as required by applicable laws.

13. Research. Under certain circumstances, AOC and GSMI may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or one treatment protocol to those who received another, for the same condition. We will almost always ask for your permission before using or disclosing your PHI for research purposes, except in the some limited situations. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose PHI for research, the project will have been approved through this research approval process and only approved information will be used or disclosed. However, we may disclose PHI, without

first going through the special approval process, to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs that would possibly benefit from the study). In these situations, the medical information they review does not leave AOC and GSMI and is not further used by the researcher.

V. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Requesting Restrictions. You have the right to request a restriction on the AOC and GSMI's use or disclosure of your PHI for treatment, payment or healthcare operations. Additionally, you have the right to request that AOC and GSMI restrict its disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. *Note that AOC and GSMI are not required to agree to your request.* AOC and GSMI do agree, however, to be bound by its agreement, except when otherwise required or permitted by law, or when the restricted information is necessary to treat you in an emergency. In order to request a restriction on our use or disclosure of your PHI, you must make your request to **Becky Hockaday at 1765 Old West Broad Street, Building 2, Ste 200, Athens, GA, 30606** in accordance with AOC and GSMI's policies. Your request must be in writing and must describe in a clear and concise fashion:

- (a) The information you wish restricted and how you want it restricted;
- (b) Whether you are requesting to limit AOC and GSMI's use of your PHI, AOC and GSMI's disclosure of your PHI, or both; and
- (c) To whom you want the limits to apply.

2. Confidential Communications. You have the right to request that AOC and GSMI communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work, or by mail, rather than by telephone. We will accommodate reasonable requests, but we are *not* required to accommodate all requests. In order to request a type of confidential communication, you must make a written request to **Becky Hockaday at 1765 Old West Broad Street, Building 2, Ste 200, Athens, GA, 30606** specifying the requested method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request.

3. Access and Copies. You have the right to inspect and obtain a copy of the PHI that we maintain about you, including patient medical records and billing records. Note, however, that you do not have the right to inspect or obtain a copy of psychotherapy notes maintained by AOC and GSMI, or of certain other information that may be restricted by law or pursuant to a legal or administrative process or proceeding. You must submit your request in writing to **Becky Hockaday at 1765 Old West Broad Street, Building 2, Ste 200, Athens, GA, 30606** for GSMI in order to inspect and/or obtain a copy of your PHI. AOC and GSMI may charge a fee for the costs of copying, mailing, labor and supplies associated with your request in accordance with Georgia law. Please contact the person named above for information about such fees.

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AOC and GSMI may deny your request to inspect and/or copy some or your entire PHI in certain limited circumstances; however, you may request a review of our denial. A licensed healthcare professional, which was not involved in the denial, will be chosen by AOC and GSMI to conduct reviews of denials. AOC and GSMI will comply with the outcome of the review.

4. Right to Amend. If you feel the PHI that AOC and GSMI maintain about you is incorrect or incomplete, you may ask AOC and GSMI to amend the information. You have the right to request an amendment for as long as the information is kept by or for AOC and GSMI.

To request an amendment, your request must be made in writing and submitted to **Becky Hockaday at 1765 Old West Broad Street, Building 2, Ste 200, Athens, GA, 30606**. In addition, you must provide a reason that supports your request for the amendment.

AOC and GSMI may deny your request for an amendment if it is not in writing or if it does not include a reason to support the request. In addition, AOC and GSMI may deny your request if you request an amendment to information that:

- Was not created by AOC and GSMI, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for AOC and GSMI;
- Is not part of the information you would be permitted to inspect and copy; or
- Is accurate and complete.

5. Accounting of Disclosures. You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures that AOC and GSMI have made of your PHI for non-treatment or operations purposes. AOC and GSMI is not required to provide you with an accounting of the following disclosures:

- (i) Disclosures for treatment, payment or the healthcare operations of AOC and GSMI;
- (ii) Disclosures to you;
- (iii) Disclosures incident to uses or disclosures of your information for permitted purposes;
- (iv) Disclosures that you have authorized us to make;
- (v) Disclosures from AOC and GSMI’s directory; to others involved in your care; or for notifying your family member or personal representative about your general condition, location, or death when you have had the opportunity to agree to such disclosures (or they were otherwise permitted);
- (vi) Disclosures for national security or law enforcement;
- (vii) Disclosures that were part of a “Limited Data Set” (which is a set of information containing only limited amounts of identifiable information, as permitted by the HIPAA Privacy Rules); or
- (viii) Disclosures that occurred prior to April 14, 2003.

In order to obtain an accounting of disclosures, you must submit your request in writing to **Becky Hockaday at 1765 Old West Broad Street, Building 2, Ste 200, Athens,**

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GA, 30606. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but AOC and GSMI may charge you for additional lists within the same 12-month period. AOC and GSMI will notify you of the costs involved with additional requests, and you may withdraw or modify your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Becky Hockaday at 1765 Old West Broad Street, Building 2, Ste 200, Athens, GA, 30606.**

7. Right to File a Complaint. If you believe that your privacy rights have been violated by AOC and GSMI or by an employee of AOC AND GSMI, you may file a complaint with AOC and GSMI or with the Secretary of the Department of Health and Human Services. Because we are always interested in improving the quality of services provided to you, we would encourage you to contact AOC and GSMI first. Any complaint should be made in writing to **Becky Hockaday at 1765 Old West Broad Street, Building 2, Ste 200, Athens, GA, 30606.** You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. We will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted or required by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

**Becky Hockaday
1765 Old West Broad Street
Building 2, Ste 200
Athens, GA 30606**

Phone: (706) 549-1663

Fax: (706) 546-8792