

ORTHOPAEDIC SPORTS SPECIALISTS OF LOUISIANA, LLC

NOTICE OF PRIVACY PRACTICES

Updated & Effective: March 05, 2008

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it.

A. OUR LEGAL DUTY:

Law requires us to: (1) keep your medical information private; (2) give you notice describing our duties, privacy practices and your rights regarding your medical information; (3) follow the terms of the current notice.

We have the right to: (1) Change our privacy practices & the terms of this notice at any time as permitted by law; (2) Make changes to our privacy practices and all medical information that we keep, including information previously created or received before such changes.

Notice of Change to Privacy Practices: Before we make an important change to our privacy practices, we will change this notice and make it available upon written request.

B. USE AND DISCLOSURE OF MEDICAL INFORMATION:

Below is a non-inclusive list of ways we are permitted to use and disclose medical information. We will not use or disclose your information for other purposes without your written permission, unless required by law. Any authorization you provide may be revoked at any time by written notification.

1. **Treatment**- for purpose of medical treatment or services. This includes disclosure to other doctors, nurses, technicians, medical students and other people taking care of you. We may also share medical information to other health care providers to assist them in treating you.
2. **Payment** - for payment purposes including third-party payors, claims processing companies, and collection agencies.
3. **Health Care Operations** - for purpose of measuring and improving quality, evaluating employee performance, conducting training programs, and getting accreditation, certifications, licenses and credentials necessary to serve patients.

C. ADDITIONAL USES AND DISCLOSURES. We may use and disclose your medical Information for the following purposes:

1. **Notification** - to notify or help notify a family member, your personal representative or other persons responsible for your care. We will share information about your location, general condition, or death. In an emergency, we will share health information directly necessary for your health care according to our professional judgment and make decisions about allowing someone to pick up medicine, medical supplies, x-rays or medical information for you.
2. **Disaster Relief** – to assist in disaster relief efforts, we may share medical information with public or private organization or people legally authorized to do so.

3. **Research in Limited Circumstances-** in limited situations where research has been approved by a review board and protocols exist to ensure privacy of medical information
4. **Funeral Director, Coroner, Medical Examiner, Organ Procurement Agency -** To help carry out their duties, we may share medical information of a person who has died.
5. **Specialized Government Functions -** for purposes of military, national security, intelligence activities and medical suitability determinations for the Department of State, correctional institutions and other custodial law enforcement situations.
6. **Court Orders, Judicial and Administrative Proceedings and Law Enforcement** - in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstance or to protect public safety.
7. **Public Health Activities** - for purposes of preventing or controlling diseases, injury or disability, including child abuse or neglect, adverse events, product safety, or exposure to communicable diseases. We may also notify individuals who may be at risk of contracting or spreading communicable diseases or conditions.
8. **Victims Of Abuse, Neglect or Domestic Violence** - to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or other crimes.
9. **Workers' Compensation & Work-Related Programs-** to comply with laws relating to workers' compensation and other work-related injury programs.
10. **Health Oversight Activities-** to comply with audits, civil, administrative or criminal investigations or proceedings, inspections, licensure or disciplinary actions or other authorized activities.
11. **Appointment Reminders -** for purposes of sending you appointment reminders via mail, telephone, email, or fax.
12. **Alternative and Additional Medical Services** - to furnish information about health-related benefits and services that may be of interest to you.

D. YOUR INDIVIDUAL RIGHTS:

1. **Look at or get copies** of certain parts of your medical information, upon written request that is appropriately signed and dated. We may charge you \$1.00 per page for each page plus postage if you want the copies mailed to you.
2. **Receive a list** of all the times your medical information was shared for purposes other than treatment, payment and health care operations.
3. Request in writing that we **place additional restrictions** on disclosure of your medical information. We are not required to agree to these restrictions; but if we do agree we will abide by the request.
4. Request that we **communicate** with about your medical information **by different means** or to different locations. If we deny your request, we will provide written explanation.
5. Request that we change certain parts of your medical information. If we deny your request, we will provide written explanation.
6. **Obtain paper copy** of this notice by contacting our office in writing.

E. QUESTIONS, COMPLAINTS & REQUESTS

If you have questions, complaints or requests regarding your privacy rights, please contact us as indicated below. You may also submit a written complaint to the U.S. Department of Health And Human Services and we will not retaliate if you do.

ATTN: PRIVACY OFFICER
ORTHOPAEDIC SPORTS SPECIALISTS OF LOUISIANA
604 North Acadia Road – Suit e508
Thibodaux, LA 70301
Phone (985) 625-2200
Fax (985) 625-2206

F. ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I have received the Notice of Privacy Practices and have been provided with an opportunity to review it.

Name _____ Birth date _____

Signature _____

Date _____