

**MCLEAN COUNTY ORTHOPEDICS
NOTICE OF PRIVACY PRACTICES**

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.

This Privacy Notice describes how we may use and disclose your protected health information to carry out our treatment, payment, or health care operations and for other purposes permitted or required by law. We must follow the privacy practices described in the Notice while it is in effect. We reserve the right to change the terms of this Notice and make the new Notice effective for all future protected health information we maintain. We will post the most current Notice and make the new Notices available to anyone. You may request a copy of the current Notice at any time. This Privacy Notice also describes your rights to access and control your “protected health information” which is health information that is created or received by your health care provider.

USES OR DISCLOSURES OF PROTECTED HEALTH INFORMATION

We will use and disclose health information to provide treatment, obtain payment, and conduct health care operations.

1. Treatment: To provide and coordinate your health care. For example, we may disclose protected health information to other health care professionals who may be treating you or consulting with us. Examples include your physicians, anesthesia provider, or pharmacist.

2. Payment: To obtain payment for services. This may include contact with your insurance company to get the bill paid and to determine benefits of your health plan. We may also disclose information to another provider involved in your care so the provider can get paid.

3. Operations: To perform our own health care activities such as qualified assessment and improvement, licensing or credentialing, and general business administration.

4. Other Uses and Disclosures: To remind you of appointments or to a family member, friend or other person to the extent necessary to help you with your healthcare or payment for your healthcare or to notify family of others involved in your care concerning your location and condition. You may object to these disclosures. If you do not or cannot object, we will use our professional judgement to make reasonable assumptions about to whom we can make disclosures. Your consent is required prior to the use and disclosure of your personal health information for marketing purposes.

5. Other Uses and Disclosures Permitted: To comply with laws and regulations.

A. **When Legally Required** by any federal, state or local law.

B. **When There are Risks to Public Health** such as:

- To prevent, control, or report disease, injury or disability as required or permitted by law.
- To report vital events such as birth or death required by law.
- To conduct public health surveillance, investigations and interventions required by law.
- To collect or report adverse events and product defects, track Food and Drug Administration (FDA) regulated products; enable product recalls, repairs or replacements and review.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- To report to an employer information about an individual who is a member of the workforce as legally permitted and required.

C. **To Report Suspected Abuse, Neglect or Domestic Violence** as required by law.

D. **To Conduct Health Oversight Activities** such as audits, civil, administrative, or criminal investigations, proceedings, or actions, inspections, licensing or disciplinary actions, or other activities necessary for appropriate oversight as required or authorized by law.

E. **In Connection with Judicial and Administrative Proceedings** such as in the course of any judicial or administrative proceeding.

F. **For Law Enforcement Purposes.** Examples are:

- As required by law for reporting certain types of wounds or other physical injuries.
- Upon court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.

- If there is concern that your health condition was the result of criminal misconduct.
- In an emergency to report a crime.

G. For Research Purposes when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

H. In the Event of a Serious Threat to Health or Safety and consistent with applicable law and ethical standards of conduct, if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat, to your health or safety or the health and safety of the public.

I. For Specified Government Functions relating to military and veterans activities, national security, protective services, medical suitability determinations, correctional institutions, and law enforcement situations.

J. For Worker's Compensation to comply with worker's compensation laws or similar programs.

PATIENT RIGHTS

YOU HAVE THE RIGHT TO:

- 1. See and copy your medical records** and other records used to make treatment and payment decisions about you. There are some limitations, based upon the federal law. You must submit a written request. We may charge you a fee for copying, mailing or incurring other costs in complying with your request. We may deny your request to see or copy your protected health information if, in our professional judgement, we determine the access requested is likely to endanger the life or safety of you or another person. You have the right to request a review of this decision. You have the right to request an electronic copy of your medical records if available.
- 2. Request a restriction on uses and disclosures of your protected health information.** The practice is not required to agree to a restriction and we will notify you if we deny your request. If the practice does not agree to the requested restriction, we will abide by this agreement unless use or disclosure information becomes essential to provide emergency treatment.
- 3. The right to request to receive confidential communications** by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will not require you to provide an explanation for your request. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.
- 4. The right to request we amend your protected health information.** A request for amendment must be in writing and it must explain why the information should be amended. Under certain circumstances, we may deny your request.
- 5. The right to receive an accounting of disclosures.** You have the right to request an accounting of how we or our business associates disclosed your protected health information for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting can be made in writing. We are not required to provide an accounting for disclosures that occurred prior to April 14, 2003 or for period of time in excess of six years. The first accounting you request during any 12 month period will be without charge. Additional accounting request may be subject to a reasonable fee.
- 6. The right to obtain a paper copy of this notice at any time.**
- 7. The right to participate actively in decisions regarding your medical care including the right to refuse treatment by your physician and select an alternative physician.**
- 8. The right to be notified in the event of a breach of your individual personal health information.**
- 9. The right to opt out of communications for fundraising purposes.**
- 10. You may request that your health plan not be informed of your treatment if you have paid your bill in full the day of treatment.**

COMPLAINTS

You have the right to express complaints to the practice if you believe that your privacy rights have been violated. We encourage you to express any concerns you have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may complain to the practice Privacy Officer in person, by phone, or in writing. You also have the right to express complaints to the Secretary of the United States Department of Health and Human Services.

CONTACT PERSON

**MCLEAN COUNTY ORTHOPEDICS
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