



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 notice takes effect on April 14, 2003, and remains in effect until we replace it. If you have any questions regarding this notice please contact Suzanne Mayes, our Privacy Officer.

1. Our Pledge Regarding Medical Information

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. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. Our Legal Duty

Law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that they are permitted by law.
2. Make the changes in our privacy practices, and the new terms of our notice effective for all medical information we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. Use and Disclosure of Your Medical Information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. **We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any specific authorization you provide may be revoked at any time by writing to us.**

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

For Example: You need surgery and medical clearance is required. We must contact your primary care physician and/or another physician that will be able to perform the necessary pre-operative testing.

For Payment: We may use and disclose your medical information for payment purposes.

For Example: We need to contact your health insurance or worker's compensation carrier for authorization of surgery, x-rays, injections, etc. Insurance companies will on occasion require medical information to determine eligibility.

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For Health Care Operations: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

For Example: We may disclose your information to medical students working with our physician. You will be asked to register at the front desk with your name and physician you have an appointment with. You will be called by name from the waiting room when the physician or x-ray technician is available for you. When credentialing for insurance or a hospital they may require a chart audit in which case they will inspect our charts for accurate information and documentation. (Or if we choose to do an in office audit to evaluate the performance of our employees or to instruct new employees of proper charting techniques.)

We will also disclose your information in our daily operations with certain business associates that perform various tasks for our office. We have written contracts with the business associates to whom protected health information is given.

For example: our billing office, transcription service, medical supplies.

Additional Uses and Disclosures: In addition to using and disclosing your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following purposes.

Facility Directory: Unless you notify us that you object, the following medical information about you will be placed in our facilities' directories: your name, your location in our facility, your condition described in general terms, your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

Notification: We may contact you to provide appointment reminders or with information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

Additional Notification: Medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information to include but not limited to your condition, your location or death. If you are in our presence we will obtain your permission if possible before we share, or give you the opportunity to refuse permission. In cases of emergency, and you are unable to give or refuse permission, we will only share the health information that is directly necessary for your health care according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-rays or medical information for you.

Disaster Relief: Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Funeral Director, Coroner or Medical Examiner: In order to assist these entities with their duties, we may disclose medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Services: Subject to certain requirements, we may disclose or use medical information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, Department of State, for correctional institutions, and other law enforcement custodial situations, and for government programs providing public benefits. We may also disclose your information when conditions apply regarding those individuals who are Armed forces personnel such as determination for eligibility and benefits for as required for the Department of Veteran Affairs.

Court Orders and Judicial and Administrative Proceedings: We may disclose or use health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under certain circumstances, such as a court order, warrant or a grand jury subpoena, we may share your medical information of a suspect, fugitive, material witness, crime

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victim or missing person. We may also share the medical information of an inmate or other person in lawful custody of a law enforcement official or correctional institution.

Public Health Activities: As required by law, we may share your medical information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. We may also share your information to report adverse events, product defects or problems, or biological product deviations as required by the Food and Drug Administration. We may also share your medical information for the purpose of tracking products, to enable product recalls, repairs, or replacement, and to conduct post marketing surveillance to comply with the requirements or at the direction of the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition. As requested by law we may disclose your medical information to public health or legal authorities regarding injury or disability, including child abuse or neglect.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose medical information to appropriate authorities if we reasonably feel that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may also share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We will also share medical information to law enforcement officials when necessary to capture an individual who has confessed to being a part of a crime or an individual that has escaped from legal custody.

Workers Compensation: We may disclose your health information when authorized and necessary to comply with law relating to workers compensation or other similar policies. This information would be shared with your employer as well as your workers' compensation insurance company.

Health Oversight Activities: We may share medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement: We may share your medical information in certain circumstances to law enforcement officials. These circumstances include reporting required by laws pursuant to certain subpoenas, court orders, etc., at the request of a law enforcement official, such as reporting death, crimes on our property, and crimes in emergencies.

4. Your Individual Rights

You have the right to:

- A. Look at or get copies of your medical information. You must make your request in writing. You may get the form to request access by using the contact information at the end of this notice. You may also request your medical information by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge a \$25 fee plus postage for the first twenty pages and then \$5.00 per ten pages thereafter plus postage if you want the copies mailed to you.
- B. Receive a list of each time we or our business associates shared your medical information for purposes other than treatment, payment and health care operations and other specified exceptions.
- C. Request that we place additional restrictions on our disclosure of medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in the case of an emergency.
- D. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.

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E. Request that we change your medical information. We may deny your request if we did not create the information you wanted changed or for certain other reasons. If we deny your request we will provide you with an explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of your information.

F. If you received this notice electronically and wish to receive a paper copy you have the right to obtain one by making a request in writing to the Privacy Officer at our office.

5. Our Duties

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the notice currently in effect. We reserve the right to make changes to our Notice of Privacy Practices and to make new notice provisions effective for all protected health information that we maintain. We will make the changes available upon request or as circumstances arise. The changes will be posted on our web site as well.

6. Questions and Complaints

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

Bay Oaks Orthopaedics & Sports Medicine, P.A.
1051 Pineloch, Suite 100•Houston, Texas 77062•281-286-3500•Fax 281-286-3553
www.BayOaksOrtho.com



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Questions or Complaints

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Bay Oaks Orthopaedics & Sports Medicine, P.A.
1051 Pineloch Dr., Suite 100
Houston, Texas 77062
Telephone: 281-286-3500
www.BayOaksOrtho.com

If you think we may have violated your privacy rights, contact the person named above. You may submit a complaint in writing to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

Acknowledgement Form

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

Name _____

Birth date_____

Signature _____

Date _____

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