



## 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.**

#### **Introduction**

This Notice of Privacy Practices describes the privacy practices of OrthoAlliance, including, but not limited to, any OrthoAlliance affiliated practice, surgery center and physical therapy facility (“OrthoAlliance” or “we”).

This Notice applies when services are provided within OrthoAlliance’s facilities, and/or when OrthoAlliance’s physicians are acting as part of one or more of the joint arrangements described below.

This Notice also:

- describes your rights and our obligations for using your health information,
- informs you about laws that provide special protections,
- explains how your protected health information is used and how, under certain circumstances, it may be disclosed and
- tells you how changes in this Notice will be made available to you.

We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices, and to follow the privacy practices that are described in this Notice.

#### **Protected Health Information**

This Notice applies to health information – created or received by the physicians and staff of OrthoAlliance– that identifies you and that relates to your past, present or future physical or mental condition; the care provided; or the past, present or future payment for your health care. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services.

#### **Uses and Disclosures of Your Protected Health Information Without Your Authorization**

Here are some examples of how we may use and disclose protected health information without your authorization (a written document that gives us permission to share your health information).

**Treatment.** We use and disclose your health information to provide treatment. For example:

- Your physician uses your information to find out whether certain tests, therapies, and medicines should be ordered and whether surgery should be performed.
- Nurses and other non-physician health care providers (physical therapists, for example) may need to know and/or discuss your health problems to care for you and to understand how to evaluate your response to treatment.
- We may disclose your health information to another one of your treatment providers.
- Physicians and hospitals often exchange health information with one another in order to assure that data collected about the patient at a participating hospital or health care provider is provided to the patient’s treating physician.

**Payment.** We may use and disclose your health information for payment purposes. For example:

- We may use it to prepare claims for payment of services.
- If you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, the procedures performed, and supplies used so that we can be paid for the treatment provided.

**Health Care Operations.** We may use and disclose your health information to carry out health care operations. For example, we use and disclose it to monitor and improve our health services. Also, authorized staff may look at portions of your record to perform administrative activities. We may also use a sign in sheet at the registration desk, as well as call you by name in the waiting room when your provider is ready to see you.

***Train Staff and Students.*** We may use and disclose your information to teach and train staff and students. One example of this is when teaching physicians review patient health information with medical and other health care students.

***Conduct Research.*** We may use and disclose your information without obtaining your signed authorization for research only if an Institutional Review Board (IRB) grants a waiver of authorization.

***Contact You for Information.*** We may contact you by mail, email, text message, or phone for the purpose of reminding you about an appointment, the need to change an appointment, return your phone call, provide test results, inform you about treatment options or advise you about other health-related benefits and services. We may leave a message at the number you provided to us.

***Joint Activities.*** Your health information may be used and shared by OrthoAlliance and other health care providers to further their joint activities and with other individuals or organizations that engage in joint treatment, payment, or health care operational activities with OrthoAlliance. Health information is shared when necessary to provide clinical care services, secure payment for clinical care services, and perform other joint health care operations such as peer review and quality improvement activities, and accreditation related activities.

***Business Associates.*** Your health information may be used by OrthoAlliance and disclosed to individuals or organizations that assist OrthoAlliance or to comply with its legal obligations as described in this Notice. For example, we may disclose information to consultants who assist us in our business activities. These business associates must agree to protect the confidentiality of your information.

***Other Uses and Disclosures.*** We also use and disclose your information to enhance health care services, protect patient safety, safeguard public health, ensure that our facilities and staff comply with government and accreditation standards, and when otherwise allowed or required by law. For example, we provide or disclose information:

- About FDA-regulated drugs and devices to the U.S. Food and Drug Administration.
- To government oversight agencies with data for health oversight activities such as auditing or licensure.
- To public health authorities with information on communicable diseases and vital records.
- To workers' compensation agencies and self-insured employers for work-related illness or injuries.
- To appropriate government agencies when we suspect abuse or neglect of vulnerable populations.
- To appropriate agencies or persons when we believe it is necessary to avoid a serious threat to health or safety or to prevent serious harm.
- To organ procurement organizations to coordinate organ donation activities.
- To law enforcement when required or allowed by law.
- For court order.
- To coroners, medical examiners, and funeral directors.
- To government officials when required for specifically identified functions such as national security.
- When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information.
- If you are a member of the armed forces, we may release medical information about you as required to military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- If you are an inmate at a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official.

## **Uses and Disclosures When You Have the Opportunity to Object**

***Disclosure to and Notification of Family, Friends, or Others.*** Unless you object, your health care provider will use their professional judgment to provide relevant protected health information to your family member, friend, or another person. This person would be someone that you indicate has an active interest in your care or the payment for your health care or who may need to notify others about your location, general condition, or death.

***Fundraising.*** We may contact you for fundraising efforts, but you can tell us not to contact you again.

***Disclosure for Disaster Relief Purposes.*** We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by law to assist in disaster relief efforts.

## Uses and Disclosures Requiring Your Authorization

Other than the uses and disclosures described in this Notice, we will not use or disclose your protected health information without your written authorization. Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes require your authorization. If you provide us with written authorization, you may revoke it at any time unless disclosure is required for us to obtain payment for services already provided or the law prohibits revocation. We cannot take back any uses or disclosures already made with said authorization.

## Your Individual Rights Regarding Protected Health Information

You have rights related to the use and disclosure of your protected health information. To exercise any of the rights listed below, you may contact:

Privacy Officer - OrthoAlliance  
500 E Business Way  
Cincinnati, OH 45241  
Business Phone: (513) 354-3700

Your specific rights are listed below:

- ***The right to request restricted use:*** You may request, in writing, that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. In your request, you must tell us what information you want to restrict and to whom the restrictions apply. You may also terminate your request for restrictions in writing.
- ***The right to request nondisclosure to health plans about items or services that are self-paid:*** You have the right to request, in writing, that health care items or services for which you paid out of pocket in full not be disclosed to your health plan.
- ***The right to receive confidential communications:*** You have the right to request that we communicate with you about medical matters in a particular way 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. We will consider all reasonable requests. Your request must specify how or where you wish to be contacted.
- ***The right to inspect and receive copies:*** In most cases, you have the right to inspect and receive a copy of certain health care information including certain medical and billing records. You cannot receive your original records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in limited circumstances. If you are denied access to your protected health information, you may request that denial be reviewed. We have 30 days to process your request once we receive it.
- ***The right to request an amendment to your record:*** If you believe that information in your record is incorrect or that important information is missing, you have the right to request, in writing, that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record. You will be notified in writing of the staff's decision within 60 days of receiving your request.
- ***The right to know about disclosures for reasons other than treatment, payment, or health care operations:*** You have the right to receive a list (an accounting) of instances during the six-year period preceding your request when we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment, or health care operations or when you have authorized the use or disclosure. These instances will appear on the list:
  - Where the disclosure occurred for reasons that are not permitted by the federal HIPAA Privacy Rule and where a formal notice to you of this disclosure is not otherwise required;
  - For public health activities (except to report child abuse or neglect);
  - For judicial and administrative proceedings or law enforcement;
  - To avert a serious threat to health or safety;
  - For specialized government functions (military, veteran, and Presidential activities); and
  - For workers' compensation.

You may limit the accounting to a specific time period, type of disclosure, or recipient. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee. We will provide you with the report within 60 days of receiving your request. We will provide the report in a form or format you request, if we can readily produce that form or format.

- ***The right to a paper copy of this Notice:*** You may ask to receive a copy of this Notice at any time. You may obtain a copy from our web site or from the facility where you obtained treatment.
- ***The right to make complaints:*** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with our Privacy Officer using this contact information: 500 E Business Way, Cincinnati, OH 45241; Business Phone: (513) 354-3700. You may also contact the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against anyone for filing a complaint.

### **Uses and Disclosures Inconsistent with OrthoAlliance Privacy Practices**

If your protected health information is used or disclosed in a manner that is not consistent with the practices described in this Notice, OrthoAlliance will notify you in writing of this breach. In some circumstances, our business associate may provide the notification.

### **Privacy Notice Changes**

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice at our facilities. In addition, you may request a copy of this Notice from our Privacy Officer. An electronic version of the Notice is posted on our affiliated offices' web sites.

*Reviewed and effective as of January 2023.*