

Notice of Privacy Practices

Effective Date: September 22, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact our Privacy Officer at (360) 449-1075.

OUR PLEDGE REGARDING MEDICAL INFORMATION: We are committed to protecting your personal medical information. We create a record of the care and services you receive and use it to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your records generated by the clinic.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)? “Protected health information” (PHI) is information that individually identifies you and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of healthcare to you, or (3) the past, present, or future payment for your healthcare.

HOW WE MAY USE AND DISCLOSE PHI: The following categories describe different ways that we use and disclose PHI. Not every possible use or disclosure is listed, but all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

For Treatment: We may use PHI to provide you with medical treatment or services. We may disclose PHI to doctors, nurses, technicians, healthcare students, or others involved with your care. We may share PHI to coordinate things such as prescriptions, lab work, and X-rays. We may also share PHI with people involved in your medical care after you leave the clinic, such as long-term care facilities or others who provide services that are part of your care.

For Payment: We may use and disclose PHI to bill and collect payment from an insurance company or a third party for the services you receive. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations: We may use and disclose PHI to run our clinic and ensure that patients receive quality care. For example, we may use PHI to evaluate the performance of our staff in caring for you or send you questionnaires that measure patient satisfaction or the outcome of your treatment. We may also combine PHI about many patients to decide which services to offer or whether certain treatments are effective; disclose PHI to healthcare personnel for review and learning purposes; or combine PHI with medical information from other sources to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you so that others may use the information to study healthcare and healthcare delivery without knowing who the patients are.

For Health Information Exchange: We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment, and healthcare operations purposes with other participants in the HIEs. HIEs allow your healthcare providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may use and disclose PHI to contact you to remind you that you have an appointment for medical care or to contact you to tell you about possible treatment options or alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release PHI to a caregiver who may be a friend or family member or to someone who helps pay for your care.

Research: We may use and disclose your PHI for research purposes, with the approval of a special board that has reviewed the research proposal and set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research (for example, to allow them to identify patients who may be included in their research project), as long as they do not remove or take a copy of any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if the recipient agrees to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

Business Associates: We may disclose PHI to our business associates who perform functions on our behalf or provide us with services. For example, we may use another company to do our billing or transcription. Our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

As Required by Law: We will disclose PHI when required to do so by federal, state, or local law.

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Military: If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks (Health and Safety to You and/or Others): We may disclose PHI for public health activities and/or to agencies when necessary to prevent a serious threat to your health and safety or that of the public or another person. For example, to prevent or control disease, injury, or disability; report births and deaths, child abuse or neglect, or reactions to medications or problems with products; notify people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notify authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. We only make these disclosures when required or authorized by law.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities such as audits, investigations, inspections, and licensure, which are necessary to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order or a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Data Breach Notification Purposes: We may use or disclose your PHI to provide the legally required notice of unauthorized access to or disclosure of your health information.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the clinic; and in emergency situations to report a crime.

Coroners, Medical Examiners, and Funeral Directors: We may release PHI to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT:

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose PHI to another person involved in your healthcare. If you are unable to agree or object, we may still disclose PHI if we determine that it is in your best interest based on our professional judgment.

Disaster Relief: We may disclose PHI to disaster relief organizations in order to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Fundraising Activities: We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. Please note: *Rebound Orthopedics & Neurosurgery is required by law to include this statement, but we want to assure you that we do not in fact participate in fundraising activities.*

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

Uses and disclosures of PHI for third-party paid marketing purposes and disclosures that constitute a sale of your PHI can be made only with your written authorization. Please note: *Rebound Orthopedics & Neurosurgery is required by law to include this statement, but we want to assure you that we do not in fact participate in third-party paid marketing or the sale of PHI.*

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. You

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may revoke that authorization at any time by submitting a written revocation to our Privacy Officer. Any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights, subject to certain limitations, regarding your PHI:

Right to Inspect and Copy: You may review and/or obtain a copy of your PHI by contacting our Medical Records Department at (360) 449-1141. We may charge a reasonable fee for the costs of copying, mailing, or other supplies. We may deny your request in certain circumstances, but you may request that the denial be reviewed. If you do, another licensed healthcare professional chosen by the clinic (not the person who denied your request) will conduct a review, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format, you may request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request. If the PHI is not readily producible in your preferred format, you may choose to receive a copy in our standard electronic format or a paper copy. We may charge you a reasonable fee for the costs associated with copying or transmitting the electronic medical record.

Right to a Summary or Explanation: We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI that has been provided to you, so long as you agree to this alternative form and pay any associated fees.

Right to Request Amendments: If you feel that the PHI we have is incorrect or incomplete, you may request an amendment for as long as the information is kept by or for us. Your request must be made in writing to the Privacy Officer at the address provided at the end of this Notice, and you must give the reason for your request. In certain cases, we may deny your request, but if we do, you have the right to file a statement of disagreement.

Right to an Accounting of Disclosures: You may ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI for purposes other than treatment, payment, or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members, or friends involved in your care or for notification purposes. This right is subject to certain exceptions, restrictions, and limitations, which may be different for electronic records. The first accounting you request within a 12-month period will be free. We may charge a reasonable fee to cover the cost of providing additional accountings within the same period.

Right to Request Restrictions: You may request a restriction or limitation on the PHI we use or disclose for treatment, payment, or healthcare operations or to someone who is involved in your care or the payment for your care. To do this, you must submit a written request to the Privacy Officer describing the specific restriction and to whom it applies. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or healthcare operation purposes and the PHI you wish to restrict pertains solely to a healthcare item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment.

Right to Request Confidential Communications: You may request that we communicate with you only in certain ways. For example, you may ask that we contact you only by mail at a specific address or call you only at your work number. You must make the request in writing and specify how or where we are to contact you. You do not have to give us a reason for the request. We will accommodate all reasonable requests.

Right to Notification of a Breach: You have the right to be notified in the event of a breach of your unsecured PHI.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. The Notice is also available on our website, www.reboundmd.com.

COMPLAINTS: If you believe your privacy rights have been violated, you may contact the Privacy Officer at (360) 449-1075 or submit your complaint in writing within 180 days of when you knew, or should have known, about the suspected violation. If we are unable to resolve your concern, you also have the right to file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights at (800) 368-1019. There will be no retaliation against you for filing a complaint.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have, as well as for any PHI we create or receive in the future. A copy of our current Notice is available in our office and on our website. *This Notice was revised March 2018.*

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