



NOTICE OF PRIVACY PRACTICES

Orthopedic Rehabilitation Associates, PC

Effective Date: April 14th, 2003

THIS NOTICE DESCRIBES HOW ORTHOPEDIC REHABILITATION ASSOCIATES, PC (ORA) MAY USE MEDICAL INFORMATION OBTAINED FROM YOU DURING THE COURSE OF TREATMENT AND INSTANCES IN WHICH THE INFORMATION MAY BE DISCLOSED. IT ALSO OUTLINES HOW YOU MAY REQUEST ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

If you have any questions about this notice, please ask for explanation. You may also contact ORA's Privacy Official by contacting ORA at (719) 265-6601.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, plans for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by ORA, whether made by ORA personnel, agents of the ORA, or your physical or occupational therapists.

- **Our Responsibilities:** We are required by law to maintain the privacy of your health information and to make available to you this description of our privacy practices. We will abide by the terms of this notice and will notify you if we cannot agree to a specific restriction that you may have requested. We will accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

Uses and Disclosures (How we may use and disclose Medical Information about you).

The following categories describe examples of the way we use and disclose medical treatment:

- **For Treatment:** We may use medical information about you to provide treatment or services to you. We may disclose medical information about you to rehabilitation staff, technicians, medical students, administrative staff, and/or agents of ORA. For example: a therapist treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also provide your physician or other healthcare providers with copies of various reports that should assist them in treating you.
- **For Payment:** We may use and disclose medical information about your treatment and services in order to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your care so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.
- **For Health Care Operations:** Members of the staff may use your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to physical or occupational therapists, doctors, nurses, and medical students for educational purposes. We may combine medical information we have with that of other practices or hospitals to see where we can make improvements. We will remove information that identifies you from this set of medical information to protect your privacy.
- **Business Associates:** We may also use and disclose medical information to business associates we have contracted with to perform an agreed upon service. Examples include services for billing, transcription services, accounting and business management. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. In order to protect your health information, however, we require business associates to appropriately safeguard your information and to comply with applicable laws pertaining to the use and disclosure of your health information.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care or helps pay for your care. In addition, we may disclose medical information about you to an entity assisting a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
- **Future Communications:** We may communicate to you via newsletters, mail-outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community-based initiatives or activities in which our practice participates.
- **Organized Health Care Arrangement:** This practice is presenting to you this document as a notice. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians, therapists, and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.
- **Affiliated Covered Entity:** Caregivers at other facilities or practices may have access to protected health information at their locations to assist in reviewing past treatment as it may affect treatment at this time. Please contact the facility or practice Privacy Official for further information on the specific sites included in this affiliated covered entity.

- **As Required by Law:** We may also use and disclose health information for the following types of entities, including but not limited to: Food and Drug Administration; Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability; Correctional Institutions; Workers Compensation Agents; Organ and Tissue Donation Organizations; Military Command Authorities; Health Oversight Agencies; Funeral Directors; Coroners and Medical Directors; National Security and Intelligence Agencies; Protective Services organizations.
- **Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **State Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

Your Health Information Rights: Although your health record is the physical property of the practice or facility that compiled it, you have the following rights:

- **Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this is medical and billing records, but does not include notes that we are legally forbidden to disclose. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another healthcare professional, chosen by the practice, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information for the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- **An Accounting of Disclosures:** You have the right to request and accounting of disclosures. This is a list of the disclosures we make of medical information about you not involved in treatment, payment, or health care operations.
- **Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a visit to the clinic. If we do agree, we will comply with your request unless information is needed to provide you emergency treatment.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. We will agree to the request to the extent that is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.
- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: www.oraclinic.com

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing. You may receive any necessary forms at the front desk. It will generally take us 10-14 days to respond to any requests.

- **Changes to This Notice:** We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted on ORA's website (www.oraclinic.com) and will include the effective date. In addition, each time you visit the practice for treatment or health care services, we will have a copy of the current notice in effect available to you.
- **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the practice by contacting the main number and asking for the practice Privacy Official or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact the Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **Other Uses for Medical Information:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide you.

PRIVACY OFFICIAL: John W. Brandon, (719) 265-6601, 3425 Austin Bluffs Parkway, Suite 105, Colorado Springs, CO 80918