

# Patient Privacy Statement

OZARK ORTHOPAEDICS

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.*

## **YOUR RIGHTS**

*When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.*

### **Get a copy of your medical record**

- You can ask to see or get a copy of your medical record and other health information we have about you by going to our website <https://ozarkorthopaedic.com/forms>. We will need any requests in writing, and we may charge a reasonable, cost-based fee. We require 5-7 working days to copy records or to honor a request to inspect. We may deny your request in certain very limited circumstances.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Please contact our medical records department at 479-587-3126. We may say no to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address. We will say yes to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say no if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say yes unless a law requires us to share that information.

### **Get a list of those whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. This list will not include disclosures regarding treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can access a copy of this notice at any time by clicking here: <https://ozarkorthopaedic.com/forms>. You may also ask for a paper copy at the front desk, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can file a complaint with DHHS Office of Civil Rights by sending a letter to 999 18th Street, Suite 417, Denver CO 80201, calling (303) 844-2024, or by visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## **YOUR CHOICES**

*For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.*

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference (for example, if you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### **In these cases, we never share your information unless you give us written permission**

- Marketing purposes.
- Sale of your information.

### **Reminders of upcoming appointments**

- We may contact you as a reminder that you have an appointment for treatment or medical care. We may leave your appointment date, time, and the physician's name on your voice mail to remind you of an upcoming appointment.

## **OUR USES & DISCLOSURES**

*How do we typically use or share your health information? We typically use or share your health information in the following ways.*

### **Treat you**

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### **Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

### **Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services such as your name and address may be used to send you a newsletter.*

## **OTHER USES & DISCLOSURES**

*How else can we use or share your health information? We are allowed and, in some circumstances, required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).*

### **Help with public health and safety issues**

- We can share health information for certain situations such as:  
Preventing disease  
Helping with product recalls  
Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

**Do research**

- We can use or share your information for health research when the research is approved by an institutional review board. We will ask your permission if the researcher has access to your name.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal law as well as civil rights law.

**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations as necessary to facilitate organ or tissue donation and transplantation.

**Work with a medical examiner, coroner, or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director to perform duties authorized by law (i.e., cause of death determination, identification).

**Address workers' compensation, law enforcement, inmates and other government requests**

- We can use or share health information about you:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions such as military, national security and presidential protective services

We may release medical information to correctional institutions or law enforcement officials for inmates of a correctional institution.

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this notice and give you access to a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information, see:

<https://www.hhs.gov/hipaa/for-individuals/index.html>.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request in our office and on our website.