



## NOTICE OF PRIVACY PRACTICE

Effective Date: February 1, 2020

**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.**

If you have any questions about this Notice of Privacy Practices ('Notice'), please contact:

Privacy Officer: David S Mohler COO

Phone Number: 937.439.5503 Office

### Section A: Who Will Follow This Notice?

This Notice describes Orthopedic Associates of Southwest Ohio (OASWO) hereafter referred to as ('Provider') Privacy Practices and applies to:

Any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as Treatment, Payment and Healthcare Operations. These workforce members may include all staff, departments, volunteers, any entity providing services under providers direction.

### Section B: Our Pledge Regarding Medical Information

We are committed to protecting medical information about you. We create a record of the care and services you receive at the Provider. This Notice applies to all the records of your care generated or maintained by the provider.

This Notice will tell you about the ways in which we may use and disclose medical information, your rights and obligations regarding your medical information

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information.
- Follow the terms of the Notice that is currently in effect.

### Section C: How We May Use and Disclose Medical Information about You

The following categories describe different ways that we use and disclose medical information.

- **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, health care students, or other Provider personnel who are involved in taking care of you at the Provider.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Provider may be billed and payment may be collected from you, an insurance company or a third party.
- **Healthcare Operations.** We may use and disclose medical information about you for Provider operations. These uses and disclosures are necessary to run the Provider and make sure that all our patients receive quality care. If your medical information is used to determine service the office will provide, if new treatments are effective, or learning purposes your identifying information will be removed.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Provider.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We will not use any of your information for fund raising activities.
- **Authorizations Required**  
We will not use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization, this includes uses of your PHI for marketing or sales activities.
- **Emergencies.** We may use or disclose your medical information for treatment or if we are required by law to treat you but are unable to obtain your consent. We will try to obtain your consent as soon possible.
- **Psychotherapy Notes** Psychotherapy notes are afforded strict protections under the law. They will only make these disclosures in accordance with the law.
- **Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate.
- **Provider Directory.** We may include certain limited information about you in the Provider directory while you are a patient at the Provider. This information may include your name, location in the Provider, your general condition.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member if you have added them to your signed authorized representative form kept by this office. If you wish to add or remove someone from your medical authorization, please let our office know at check in or check out..
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. This information will be deidentified, removing all your personal information and only medical information will be included in the disclosure. Otherwise a signed consent will be obtained before any disclosure.

- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **E-mail Use.**  
E-mail will only be used following this Organization's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

#### Section D: Special Situations

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement.
- **Workers' Compensation.** We may release medical information about you for workers' compensation.
- **Public Health Risks.** We may disclose medical information about you for public health activities as required by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** We may disclose medical information about you in response to a court or administrative order, subpoena, or other lawful process.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. We may also release medical information to funeral directors as necessary to carry out their duties.

#### Section E: Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you:

- **Right to Access, Inspect and Copy.** You have the right to timely access to inspect, receive copies of and direct copies be sent to third parties of the medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes. 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 to inspect, receive or direct copies be sent of your medical information in certain very limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider will review your request and the denial. We will comply with the outcome of the review.
  - **Right to 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 the information is kept by or for the Provider. In addition, you must provide a reason that supports your request.
  - We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
    - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
    - Is not part of the medical information kept by or for the Provider;
    - Is not part of the information which you would be permitted to inspect and copy; or
    - Is accurate and complete.
  - **Right to an Accounting of Disclosures.** You have the right to request an 'Accounting of Disclosures'. This is a list of the disclosures we made of medical information about you. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the accounting (for example, on paper or electronically, if available). The first accounting you request within a 12-month period will be complimentary.
  - **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations.  
You also have the right to restrict use and disclosure of your medical information about a service or item for which you have paid out of pocket, for payment (i.e. health plans), if you have completely paid your bill for this item or service.
- Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. This notice will comply with all governing laws.
- Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will make every effort to accommodate all requests.
- Right to 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. You may obtain a copy of this Notice at our website. [OASWO.com](http://OASWO.com)

#### Section F: Changes to This Notice

We reserve the right to change this Notice. We will post a copy of the current Notice.

#### Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Provider or with the Secretary of the Department of Health and Human Services; <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

**To file a complaint with the Provider,** contact the individual listed on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**David S Mohler COO 7677 Yankee Street, Suite 110, Centerville, OH 45459 Office: 937.439.5503 [dmohler@oaswo.com](mailto:dmohler@oaswo.com)**

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