



Northeast Orthopedics, Inc.

Orthopedic Surgery and Sports Medicine

164 Wetherby Lane, Westerville, Ohio, 43081 ph: (614) 839-2300 fax: (614) 839-2301

SUMMARY 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.

Privacy Contact: Julie Barnes Phone number: 614-839-2300

Effective Date of this Notice: January 25, 2007

This Notice of Privacy Practices (called "Notice") is a summary version of our full Notice of Privacy Practices. It briefly describes how we may use and disclose your Protected Health Information (called "PHI"). We must abide by this Notice when we use your PHI in our office or when we share your PHI with others outside of our office. We may change this Notice at any time. We will keep a copy of our current full Notice posted in the waiting room. If we revise the Notice, the new Notice will apply to all PHI that we have in our possession at that time or PHI that we will come into the possession of in the future. If you would like a copy of the full or a revised Notice, you may request one by phone, by letter, or in person the next time that you come into the office.

We are giving you this Notice because we are required to do so by law. We are legally required to maintain the privacy of your PHI, to provide you with this Notice that explains our responsibilities and your rights, and to inform you how to complain if you think that we violated your privacy or are not abiding by this Notice.

Every time you visit our office we make a medical record of the visit. We also make a billing record of your current name, address, and phone number as well as your health insurance information. This medical and billing record information is called Protected Health Information or PHI.

PERMITTED USES & DISCLOSURES. The following categories describe different ways that we use and disclose PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We will use and disclose the medical and health information in your medical record to provide treatment to you. An example of how we use your PHI in the Practice is when a doctor in our office reviews the results of blood work that you had so that he can provide treatment for you.
- **For Payment.** We may use or disclose your PHI so that we can obtain payment for the health care services that we provide for you. For example, we may send a statement to you so that we can receive payment for your health care treatment.
- **For Health Care Operations.** We may use or disclose your PHI for our health care operations, which are the business operations of our Practice. For example, we may share your PHI with other doctors in order to review the care that was provided to you so that we can be certain that it was the best health care possible.
- **Treatment Alternatives and Health Related Benefits.** We may contact you about treatment alternatives or other health-related benefits and services that we believe may be of interest to you.
- **Appointments and Reminders.** We may mail an appointment reminder to you or leave a message on an answering machine, voice mail or with someone who answers the phone. We may call your name in the waiting room or ask you to put your name on a sign-in sheet.
- **Fundraising and Marketing.** You may be contacted for fundraising or marketing activities done by us or on our behalf.

- **To Family and Close Friends Involved in Your Care.** We may disclose your PHI to a family member or a close friend involved in your care. If you do not want us to discuss your health care with your family and close friends, please tell us and we will honor your request unless we determine that it is not in your best interests for us to do so.
- **As Required or Permitted by Law, a Court, or a Federal, State or Local Agency.** We will disclose your PHI when we are required to do so by law, a court, or a federal, state, or local agency. Examples of legally permitted or required disclosures are: public health activities; health oversight activities; judicial or administrative proceedings; law enforcement; military activities; national security and intelligence; organ donations; coroners and funeral directors; workers' compensation; and reporting victims of crimes, abuse, neglect and domestic violence or in response to a court order. If we are legally permitted or required to disclose PHI about you, we will disclose only the amount necessary for the legal purpose.
- **Research.** We may disclose your information for certain research projects where the research proposal has been approved by an established, authorized review board and the researchers have established procedures to ensure the privacy of your PHI.
- **De-Identified Information.** We may also use and disclose de-identified health information by removing all references to individually identifiable information.

Other Uses and Disclosures. Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Rights. You have certain rights with respect to your protected health information, which you can exercise by presenting a written request to our Privacy Officer. You have the right to:

- **Request restrictions** on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not required to agree to a restriction, but if we do agree, we must abide by it unless you agree to remove it.
- **Confidential Communications** of your PHI from us by an alternative means or at alternative times, such as requesting that we only contact you at home or by mail. We will accommodate all reasonable requests.
- **Inspect and Copy**, with certain exceptions, your PHI. We may charge a reasonable fee for copies, mailing and supplies. We can deny your right to inspect your PHI in certain circumstances. If you are denied access to your PHI, you may request, in certain circumstances, that the denial be reviewed.
- **Amend** your PHI. If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request in certain circumstances.
- **An Accounting.** You may request that we provide a list of certain disclosures we made of your PHI that were **not** related to treatment, payment, health care operations, or any of the other routine uses or disclosures described in this notice, were not required by law, and for which you did not sign an authorization.
- **Obtain a Paper Copy of This Notice.** You may ask us to give you a paper 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.

CHANGES. We reserve the right to change this Notice and to make the revised or changed notice effective for PHI we already have about you as well as any information we create or receive in the future. We will post our revised Notice in our waiting room. If you would like a copy of the revised Notice, just ask us for one the next time you are in our office or call the office and we will mail a copy to you.

COMPLAINTS. If you believe that we have not followed this Notice or that your privacy rights have been violated, you may file a complaint with our office and/or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, contact our Privacy Contact at the number listed on the first page of this Notice or submit your complaint in writing on the form provided by our Practice. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services at: Region V, Office for Civil Rights, U. S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, Illinois 60601; voice phone: 312-886-2359; facsimile: 312-886-1807; TDD: 312-353-5693. All complaints to the Secretary must be submitted in writing and no more than 180 days after the event that you are concerned about took place. **You will not be penalized for filing a complaint.**

NORTHEAST ORTHOPEDICS, INC.
164 Wetherby Lane
Westerville, Ohio 43081
614-839-2300

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT FORM**

Name: _____

Date: _____

CHECK AND SIGN OPTION ONE OR OPTION TWO BELOW, PLEASE.

OPTION ONE:

_____ I have received a copy of Northeast Orthopedics, Inc. (the "Practice")'s Notice of Privacy Practices.

Signature: _____

OPTION TWO:

_____ I was offered a copy of the Practice's Notice of Privacy Practices, but did not want it.

Signature: _____

For Office Use Only:

_____ A good faith effort was made to provide a copy of the Practice's Notice of Privacy Practices to this patient and to obtain his/her acknowledgement of the same. The patient _____ accepted _____ declined the Notice and refused to sign this acknowledgement for the following reason:

Practice Representative: _____

Signature: _____ Date: _____