

Calvert Orthopaedic & Sports Medicine Center

NOTICE OF PRIVACY PRACTICES

October 8, 2013

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of our medical group, its medical staff and affiliated health care providers and physician groups who provide services at our facilities. A copy of our current notice will always be posted at all registration and/or admission points. You will also be able to obtain your own copy upon request by calling the office at 410-535-1343. If you have any questions about this notice, or would like further information, please contact the Privacy Officer for our group.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS MATERIAL CAREFULLY.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing health related services. Some examples of protected health information include information indicating that you are a patient of our medical group or receiving health-related services from our facilities, information about your health condition, genetic information, or information about your health care benefits under an insurance plan, each when combined with identifying information, such as your name, address, social security number or phone number.

REQUIREMENT FOR WRITTEN AUTHORIZATION

Generally, we will obtain your written authorization before using your health information or sharing it with others outside our medical group. There are certain situations where we must obtain your written authorization before using your health information, or sharing it, including:

Marketing.

We may not disclose any of your health information for marketing purposes if our medical group will receive direct or indirect financial payment not reasonably related to our medical group's cost of making the communication.

Sale of Protected Health Information.

We will not sell your protected health information to third parties. The sale of protected health information, however, does not include a disclosure for public health purposes, for research purposes where our medical group will only receive payment for our costs to prepare and transmit the health information, for treatment and payment purposes, for the sale, transfer, merger or consolidation of all or part of our medical group, for a business associate or its subcontractor to perform health care functions on our medical group's behalf, or for other purposes as required and permitted by law.

WRITTEN AUTHORIZATION

If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at our medical group. You may also initiate the transfer of your records to another person by completing a written authorization form.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION.

There are some situations when we do not need your written authorization before using your health information or sharing it with others, including the following:

1. **Treatment.** We may share your health information with providers at the medical group who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A provider in our medical group may share your health information with another provider to determine how to diagnose or treat you. Your provider may also share your health information with another provider to whom you have been referred for further health care.
2. **Payment.** We may use your health information or share it with others so that we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursements after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.
3. **Health Care Operations.** We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you.
4. **Appointment Reminders, Treatment Alternatives, Benefits, and Services.** In the course of providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment, services, or refills or in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.
5. **Business Associates.** We may disclose your health information to contractors, agents, and other "business associates" who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company, or we may share your health information with an accounting firm or law firm that provides professional advice to us. Business associates are required by law to abide by the HIPAA regulations. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information. If our business associate discloses your health information to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of the information.
6. **Friends and Family Designated to be Involved with Your Care.** If you have not voiced an objection, we may share your health information with a family member, relative, or close

personal friend who is involved in your care for payment for your care, including following your death.

7. **Inmates and Correctional Institutions.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This included sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.
8. **Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.
9. **Coroners, Medical Examiners and Funeral Directors.** In the event of your death, we may disclose your health information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties.
10. **Completely De-identified or Partially De-identified Information.** We may use and disclose your health information if we have removed any information that the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number.)
11. **Incidental Disclosures.** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.
12. **Fundraising.** We may use or disclose your demographic information, including, name, address, other contact information, age, gender, and date of birth, dates of health service information, department of service information, treating physician, outcome information, and health insurance status for fundraising purposes. With each fundraising communication made to you, you will have the opportunity to opt-out of receiving any further fundraising communications. We will also provide you with an opportunity to opt back in to receive such communications if you should choose to do so.
13. **Changes to This Notice.** We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION.

YOU HAVE THE FOLLOWING RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION:

1. **Right to Inspect and Copy Records.** You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records, including medical and billing records. To

inspect or obtain a copy of your health information, please submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs or copying, mailing, or other supplies we use to fulfill your request.

- 2. Right to Amend Records.** If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records by writing to us. Your request should include the reasons why you think we should make the amendment. If we deny part or all your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.
- 3. Right to an Accounting of Disclosures.** You have a right to request an “accounting of disclosures,” which is a list with information about how we have shared your health information with others. To obtain a request form for an accounting of disclosures, please write to the Privacy Officer. You have a right to receive one list every 12-month period for free. However, we may charge you for the cost of providing any additional lists in that same 12-month period.
- 4. Right to Receive Notification of a Breach.** You have the right to be notified within sixty (60) days of the discovery of a breach of your unsecured protected health information if there is more than a low probability the information has been comprised. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps you should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to you and protection against further breaches and contact procedures to answer your questions.
- 5. Right to Request Restrictions.** You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, run our normal business operations or disclose information about you to family or friends involved in your care. You also have the right to request that your health information not be disclosed to a health plan if you have paid for the services out of pocket and in full, and the disclosure is not otherwise required by law. The request for restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter. To request restrictions, please write to the Privacy Officer. We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so.
- 6. Right to Request Confidential Communications.** You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home, by notifying the registration associate who is assisting you. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.
- 7. Right to Have Someone Act on Your Behalf.** You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

- 8. Right to Obtain a Copy of Notices.** If you are receiving this Notice electronically, you have the right to a paper copy of this Notice. We may change our privacy practices from time to time. If we do, we will revise this Notice and post any revised Notice in our registration area and on our website.
- 9. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us by calling the Privacy Officer at 410-535-1343, or with the Secretary of the Department of Health and Human Services. We will not withhold treatment or take action against you for filing a complaint.
- 10. Use and Disclosures Where Special Protections May Apply.** Some kinds of information, such as HIV-related information, alcohol and substance abuse treatment information, mental health information, genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.

H.I.P.A.A
CALVERT ORTHOPAEDIC & SPORTS MEDICINE
CENTER

Receipt of Notice of Privacy Practices Written Acknowledgement From

I, _____ Date of Birth: _____,
(Print Name)

am aware that a copy of Calvert Orthopaedic & Sports Medicine Center's Notice of Privacy Practices is available to me upon my request.

Signature of Patient/Parent or Guardian: _____
(Sign Name)

Date: _____

(As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY INDENTIFIABLE HEALTH INFORMATION ("IIHI")