

This notice describes how medical information about you may be used and disclosed and how you get access to that information.

PLEASE REVIEW CAREFULLY!

Uses and disclosures: We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization:

- **TREATMENT** The provision, coordination or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.
- **PAYMENT** We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment often requests information from us regarding your medical care given. We will provide information to them about you and the care given.
- **HEALTH CARE OPERATIONS** We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such business associates as necessary to obtain these services.
- **Special Cases** To contact you about appointment reminders, treatment alternatives and other health related benefits and services.

All other uses and disclosure by us will require us to obtain a written authorization from you.

Protected Health Information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying of future care or treatment. It also includes billing documents for these services.

Your Rights: The health and billing records we maintain are the physical property of Gavin Orthopaedics. You have the following rights with respect to your Protected Health Information.

- **Restrictions:** You have the right to request restricted access to all or part of your PHI in writing to our office; however we are not required to grant your request.
- **Confidential Communications:** You have the right to obtain a paper copy of Privacy Notice by making a request at our office.
- **Access:** Right to inspect and receive copies of you PHI. You may request in writing to our office.
- **Amendments:** You have the right to request that your health care record be amended to correct incomplete or incorrect information by a written request to our office. We are not required to grant your request. You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures if your protected health information.
- **Accounting:** You have the right to receive an accounting of disclosures of your health information by a written request to our office. An accounting will not include disclosure of PHI for the use of treatment, payment or operations.

You may complain to the US Department of Health & Human Services if you feel your privacy rights have been violated. The law forbids us from taking retaliatory action against you if you complain.

Our Responsibilities

- **Maintain the privacy of you health information as required by law,**
- **Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.**
- **Abide by the terms of this Notice.**
- **Accommodate your request for an accounting of disclosures.**

Other Uses and Disclosures Allowed by the Privacy Rule

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or person responsible for your care about your location, your general condition or your death.

Using our best judgement, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object, or in an emergency.

THIS NOTICE EFFECTIVE AS OF JANUARY 1, 2003

Gavin Orthopaedics reserves the right to change the terms of this notice and will provide copies of any revised notice.

I acknowledge receipt of the Notice of our Privacy Practices: Signature _____

Name _____ Date _____