

SOUTHSIDE ORTHOPAEDICS

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information is used and may be disclosed. Please review carefully. The privacy of your protected health information is important to us. We create a record of the care you receive as our patient, this includes your name, symptoms, medical and psychiatric history and treatments, test results and current and future treatment plans. This notice will describe how we may use and share this information. We reserve the right to change our privacy practices and this Notice. If this occurs, we will make a new Notice of Privacy Practices available upon request. This Notice takes effect on April 14, 2013.

YOUR RIGHTS

Your medical record remains the property of Southside Orthopaedics, but the information within the record belongs to you. Federal Law provides you with the following rights regarding your health information that we keep about you:

- Right to have your health information kept confidential.

- Right to obtain this copy of the Notice.

- Right to receive a copy of your medical information. If you request copies, we will inform you of the charge for the copies and any postage.

- Right to request additional restrictions on the uses and disclosures of your information.

- Right to request an amendment to your health record if you believe it contains an error. We may deny your request. You may respond with a statement of Disagreement that will be added to your chart.

- Right to obtain an accounting of disclosures of your information.

- Right to request that we communicate with you about your health care at a confidential number or address. This request must be reasonable and in writing.

- Right to revoke your written consent to use or disclose your health information.

We will request your written permission to disclose mental health treatment information to any individuals, including your primary care physicians or Psychotherapist.

RESPONSIBILITIES

- Maintain the privacy of your health information as required by law.

- Provide you with this Notice.

- Follow the terms of this Notice or subsequent Notices that may replace this one.

- Notify you if we are unable to agree to your requested restriction on our disclosure of your information.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

Southside Orthopaedics will use and disclose your health information for your treatment, to obtain payment for your treatment and to operate our business. Not every use of disclosure will be listed.

TREATMENT: We will use and disclose your health information to provide, coordinate or manage your health care and any related services. For example, we would disclose your protected health information to a home health agency that provides care to you. With your written permission, we may disclose protected health information to other clinicians involved in your treatment.

PAYMENT: We will send you a bill that includes some of your health information or a copy of part or all of your health record to your insurance company or Medicare. The type of health information we will send includes your name and other identifying information, diagnosis, treatment and procedures you have received.

BUSINESS OPERATIONS: We will use your medical information for measuring and improving quality evaluation performance of employees or conduct training programs. We may call your name in our waiting room when your clinician is ready to see you. We will use or disclose your protected health information, as necessary to contact you to remind you of your appointment. We will release your information to third party business associates that perform various activities (e.g. billing, transcription, collections on delinquent accounts) for the practice. Whenever an arrangement between our office and a business associate involves the use of your protected information, we will have a written contract that contains terms that will protect the privacy of your business.

OTHER USES AND DISCLOSURES

Health Oversight and Government Functions: We may disclose your health information to an agency that oversees the healthcare system and ensures compliance with the rules of government health programs such as Medicare or Medicaid, to the US military or US Department of State under certain circumstances, such as national security.

LAW ENFORCEMENT AND COURT ORDERS: We may disclose your health information to the police, other law enforcement officials, medical examiners or coroners, and to the courts or administrative proceedings as required by law, a court order or other legal process.

COMMUNICATIONS WITH YOUR RELATIVES: You and your legal representative must tell your physician who are the relatives or other persons you want to receive communications about you. After learning this information, we will, in our best judgment, use and disclosure your health information, but not mental health information, as this requires written authorization. In an emergency situation we may exercise our professional judgment to determine whether such a disclosure is in your best interests, who is the appropriate person(s) and what health information is relevant to their involvement with your healthcare.

PUBLIC HEALTH ACTIVITIES: We may report your identity and other health information to public health authorities for the purpose of controlling disease, injury or disability: to the US Food and Drug Administration for regulating certain products or activities; to governmental authorities about suspected or known child abuse and neglect, adult abuse and neglect, or domestic violence; to a person exposed to a contagious disease or has the risk of contracting or spreading a disease; to your employer and governmental agencies as required by federal and state laws regarding work related illness or injury; to prevent or lessen a serious or imminent threat to a person's or the public's health or safety; or to a public or private entity that is authorized to assist in disaster relief efforts.

WORKERS COMPENSATION: We may disclose your health information as allowed or required by Illinois law relating to workers' compensation or to other similar programs.