

## Notice of Privacy Practices

This notice describes how information about you may be used and disclosed by your physician and how you can get access to this information. Please review this notice carefully.

### USING AND DISCLOSING YOUR HEALTH INFORMATION

Each time you visit a physician or other healthcare provider, a record of your visit and the care provided to you during that visit is made. Typically, this record contains information regarding your health history, symptoms, examinations and tests performed including the results of those tests, any diagnoses or treatment and any plan for future care or follow-up with respect to your condition or treatment. Some of this information may be collected from other health care providers.

This information is often referred to as your health or medical record. When we create a record or collect this type of health information about you, we use it for current and future treatment purposes, to obtain payment for treatment provided to you, for administrative and operational purposes, and to evaluate the quality of the care provided to you. By way of example, we may use or disclose certain identifiable health information about you, without your authorization for other reasons such as:

- A means of communication with other health professionals who contribute to or participate in your care while you are our patient including doctors, nurses, technicians, medical students and other clinical personnel involved in taking care of you, as well as people outside of our organization who may be involved in your medical care after you leave our facilities, such as family members or others who provide services that are part of your care. For example, we may need to disclose information about whether you have diabetes to a doctor treating you for a broken bone or an infection because diabetes can slow the healing process;
- A means for preparing documentation relating to your treatment that we are required by law to maintain and, in some cases, give out for public health purposes, abuse or neglect reporting, auditing purposes, research studies, workers' compensation purposes and emergencies;
- A means by which you or a third party payor can verify services provided to you so that we may bill for or receive payment from you, an insurance company or other third party payor, or personal responsible for paying for any of your care.
- A source of data in our daily operations as a health care provider. For example, we may need to use your health information and record as a tool in educating and assessing the competency of doctors, nurses and technicians who provide care here;
- A source of data for contacting you and reminding you of appointments for treatment or care;

- A source of data for advising you of possible treatment options or alternatives and other health-related benefits or services that may be of interest to you;
- A source of data for contacting you in an effort to raise money and may disclose health information to a foundation related to our organization so that the foundation can contact you in raising money;
- A source of information for public health officials charged with improving the health of our city, state, and nation, or responsible for averting a serious threat to health or safety of you, another person or the public;
- A tool to assess and continually work toward improving the overall quality of care we render and the outcomes we achieve;
- Information required to be disclosed by federal, state or local law;
- For members of armed forces, to comply with the requirements of military command authorities;
- A source of data and information for health oversight agencies in connection with legally authorized activities related to the investigation, inspection and licensure of health care providers; and/or
- A source of data and information in connection with a legal dispute or lawsuit in which you are involved, in response to a court or administrative order, subpoena or other discovery request, as permitted by law.

We routinely provide patient health information when otherwise required by law, such as when law enforcement officials are entitled to such information in specific circumstances. In many other instances, we will ask for written authorization before using or disclosing any identifiable health information about you. If we request one and you choose to sign an authorization to disclose your protected health information, you can later revoke that authorization to stop future uses and disclosure of that information without your consent.

We may change our policies or practices regarding the use of your health information from time to time. Before we make a significant change in our policies or practices, we will change our notice and post the new notice in waiting areas and in our exam rooms. You have a right to a written copy of and can always request a copy of our current notice at any time. For more information about our privacy practices and policies, please contact the Orthopaedic Associates Privacy Officer at 307-734-5999

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of Otsego Memorial Hospital, the information contained within your health record belongs to you. You have a right to request the restriction of certain uses and disclosures of your information. You also have the right to amend and request changes in the information contained within your health record and to obtain an accounting of disclosures of your health information when such disclosures are made for other than treatment, payment or related administrative or operating purposes

as described above. Any request to amend your record must be made in writing to the OMH Privacy Officer. We may deny your request if it:

- is not in writing;
- does not include a reason to support the request; or
- the health information or record that is the subject of the request
  - was created by another health care provider;
  - is not part of the health information kept by or for our organization;
  - is not part of the health information you would be permitted to inspect or copy; or
  - is accurate and complete as is.

Any request for an accounting of disclosures of your information must be in writing, can be for a time period no longer than six years and may not include a period prior to April 14, 2003. The first disclosure list you request within a 12 month period is free. For any additional request, we may charge you for the cost of providing the list.

You may request, in writing, that we not use or disclose your information for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law, or emergency circumstances. We will consider your request, but you should be aware that we are not legally required to accept it and may, if we deem your request too restrictive, elect not to treat you or to disregard it in an emergency situation. You have the right, with limited exceptions, to inspect and obtain a copy of your health record. This includes medical and billing records.

If you request copies of your health records, the request must be in writing, and a charge may be made for such copies. This charge is directly attributable to the administrative and copying costs associated with meeting your request. If your request for copies of your health record is, in your opinion, an emergency, please let us know as we do not intend to deny you access to your health records or information in an emergency circumstance and will work with you to meet these emergency needs.

## **YOUR COMPLAINTS**

We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices, and to abide by the terms of this notice.

If you are concerned that we have violated your privacy rights or our own policies as summarized in this notice, or if you disagree with a decision we made about access to your records, you may contact the OMH Privacy Officer. You may also send a written complaint to the United States Department of Health & Human Services. The Privacy Officer can provide you with the appropriate address upon request. You will not suffer any retaliation for filing a

complaint.

## **OUR RESPONSIBILITIES**

We are required by law to protect the privacy of your information and to provide you with this notice about our information practices. We are also required to abide by the terms of this notice and to notify you if we are unable to agree to a requested restriction you have made relative to the use or disclosure of your information. In addition, we are required to accommodate reasonable requests you make regarding the communication of your health information by alternate means or at alternative locations. If such request is made, it must be submitted in writing to the Orthopaedic Associates Privacy Officer.

If you have any questions regarding this notice, our use or disclosure of your health information, or wish to file a complaint regarding our use or disclosure of your health information, please contact Orthopaedic Associates Privacy Officer at 307-734-5999.

*Effective date of this notice: April 14, 2003*