



**One Orthopedics Drive
Peabody, MA 01960**

Notice of Privacy Practices

Effective Date: **9/23/13**

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

If you have any questions about this Notice, please contact our privacy officer:

Ellen Rostron
One Orthopedics Drive
Peabody, MA 01960
(978) 818-6514

1. Summary of Rights and Obligations Concerning Health Information. The Orthopedic Surgical Center of the North Shore is committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law. We are required by law to provide you with this Notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your health information that is created or retained by The Orthopedic Surgical Center of the North Shore. We have an ethical and legal obligation to protect the privacy of your health information, and we will only use or disclose this information in accordance with this Notice (which may be modified from time to time). In general, we may use and disclose your health information to:

- plan your care and treatment;
- provide treatment or enable others to provide treatment;
- communicate with other providers such as referring physicians;
- receive payment from you, your health plan, or your health insurer;
- assist in the day-to-day operations of our practice, including make quality assessments and work to improve the care we render and the outcomes we achieve, known as health care operations;
- make you aware of services and treatments that may be of interest to you; and
- comply with state and federal laws that require us to disclose your health information.

We may also use or disclose your health information where you have authorized us to do so.

Although your health record belongs to the Orthopedic Surgical Center of the North Shore, the information in your record belongs to you. You have the right to:

- inspect and obtain a copy of your health record;
- request amendments to your health record;
- request limits on the use and disclosure of your health information; and
- request an accounting of certain disclosures of health information we have made about you and an access report indicating who has accessed such information.

These rights are discussed in more detail below.

We are required to:

- maintain the privacy of your health information;
- provide you with notice, such as this *Notice of Privacy Practices*, as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of our most current *Notice of Privacy Practices*;
- notify you if we deny a requested restriction or amendment; and
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices and to make the new provisions

effective for all your health information that we maintain.

Should our information practices change, a revised *Notice of Privacy Practices* will be available upon request. If there is a material change, a revised Notice of Privacy Practices will be distributed to the extent required by law. We will not use or disclose your health information without your authorization (or consent), except as described in our most current *Notice of Privacy Practices*. In the following pages, we explain our privacy practices and your rights to your health information in more detail.

2. We may use or disclose your medical information without your authorization in the following ways:

- A. *Treatment.*** We may use, and with your consent disclose, your protected health information to provide, coordinate and manage your care. That may include consulting with other health care providers about your health care or referring you to another health care provider for treatment, including physicians, nurses, and other health care providers involved in your care. For example, we will release your protected health information to a specialist to whom you have been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat you.
- B. *Payment.*** We may use, and with your consent disclose, your health information so that we may bill and collect payment for the services that we provided to you. For example, we may contact your health insurer to verify your eligibility for benefits, and may need to disclose to it some details of your medical condition or expected course of treatment. We may use or disclose your information so that a bill may be sent to you, your health insurer, or a family member. The information on or accompanying the bill may include information that identifies you and your diagnosis, as well as services rendered, any procedures performed, and supplies used. Also, with your consent, we may provide health information to your health plan or to another health care provider, such as an ambulance company that transported you to our office, to assist in their billing and collection efforts.
- C. *Health Care Operations.*** We may use, and with your consent disclose, your health information to assist in the operation of our practice. For example, members of our staff may use information in your health record to assess the care and outcomes in your case and others like it as part of a continuous effort to improve the quality and effectiveness of the healthcare and services we provide. We may use and disclose your health information to conduct cost-management and business planning activities for our practice. With your consent, we may also provide such information to other health care entities for their health care operations. For example, we may provide information to your health insurer for its quality review purposes.
- D. *Students and Interns.*** Students and interns in health service related programs observe and/or participate in patient care in our facility from time to time to meet their educational requirements or gain health care experience. We treat students and interns as part of our workforce and as such, they are subject to the same privacy and confidentiality requirements as the rest of our staff.
- E. *Business Associates.*** The Orthopedic Surgical Center of the North Shore sometimes contracts with thirdparty business associates for services. Examples include answering services, transcriptionists, billing services, consultants, and legal counsel. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information and comply with applicable State and Federal privacy requirements.
- F. *Release to Family and Others.*** Our staff may disclose to a family member, other relative, close personal friend or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care or payment related to your care, when you are present for, or otherwise available prior to, the disclosure, and you do not object to such disclosure after being given the opportunity to do so. If you are incapacitated or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information in such event, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or with payment related to your health care. We may also disclose your information in order to notify (or assist in notifying) such persons of your location, general condition or death. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. Please let us know if you would not like us to release information to a family member, friend or other individual.

- H. Newsletters and Other Communications.** We may use your protected health information in order to communicate to you via newsletters (including electronic newsletters), mailings, or other means regarding community based initiatives or activities in which our practice is participating.
- I. Disaster Relief.** We may disclose your health information in disaster relief situations where disaster relief organizations seek your health information to coordinate your care, or notify family and friends of your location and condition. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- J. Health and Safety.** We may use or disclose your medical information to prevent or lessen a serious danger to you or to others.
- K. Marketing.** In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, without your authorization, we may use your medical information to communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We also may use your medical information to identify health-related services and products provided by the Orthopedic Surgical Center of the North Shore that may be beneficial to your health and then contact you about the services and products. We also may provide you with promotional gifts of nominal value. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.
- L. Public Health Activities.** We may disclose medical information about you for public health activities. These activities generally include the following:
- licensing and certification carried out by public health authorities;
 - prevention or control of disease, injury, or disability;
 - reports of births and deaths;
 - reports of child abuse or neglect, elder abuse, disabled persons abuse, rape, and sexual assault – we will make this disclosure when required by law, or if you agree to the disclosure, or when authorized by law and in our professional judgment disclosure is required to prevent serious harm;
 - notifications to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- M. Health Oversight Activities.** We may disclose your health information to health oversight agencies as required by law. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal or administrative proceedings or actions. We are also required to disclose your medical information to the Secretary of Health and Human Services, upon request, to determine our compliance with the Health Insurance Portability and Accountability Act (HIPAA).
- N. Food and Drug Administration (FDA).** We may disclose to the FDA and other regulatory agencies of the federal and state government health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing monitoring information to enable product recalls, repairs, or replacement.
- O. Research.** We may disclose your health information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information.
- P. Workers Compensation.** We may disclose your health information to your insurer, the Massachusetts Industrial Accident Board, and/or any party involved in a Workers' Compensation matter, to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation, workplace medical surveillance, or other similar programs established by law.
- Q. Judicial and Administrative Proceedings.** We may disclose your information in the course of a judicial or administrative proceeding in response to a legal order, subpoena (under certain circumstances), order of the Commissioner of Public Health, or other lawful process. We also may use your health information to defend ourselves or any member of our staff in a threatened or actual legal action initiated by you.

- R. **Law Enforcement.** We may release your health information to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
 - S. **Specialized Government Functions.** We may use and disclose your medical information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances as required by law.
 - T. **Ordered Examinations.** We may release your health information when required to report findings from an examination ordered by a court or detention facility.
 - U. **Decedents.** We may disclose your health information to a coroner or medical examiner as authorized by law.
 - V. **Organ and Tissue Procurement.** If you are an organ donor, we may disclose your health information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
 - W. **De-identified Information.** We may use your health information to create "de-identified" information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we "de-identify" health information, we remove information that identifies you as the source of the information. Health information is considered "de-identified" only if there is no reasonable basis to believe that the health information could be used to identify you.
 - X. **Personal Representative.** If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information. If you become deceased, we may disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative.
 - Y. **Limited Data Set.** We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disclose the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.
 - Z. **Required by Law.** We will disclose your health information when required to do so by federal, state or local law.
3. **Authorization for Other Uses of Medical Information.** Uses and disclosures of your medical information not covered by our most current *Notice of Privacy Practices* or the laws that apply to us will be made only with your **written authorization**. We will not deny medical treatment if you do not sign the authorization. You should be aware that we are not responsible for any further disclosures made by the party you authorize us to release information to. If you provide us with authorization (or consent) to use or disclose medical information about you, you may revoke that authorization (or consent), in writing, at any time. If you revoke your authorization (or consent), we will no longer use or disclose medical information about you for the reasons covered by your written authorization (or consent), except to the extent that we have already taken action in reliance on your authorization (or consent). We are unable to take back any disclosures we have already made with your authorization (or consent), and we are required to retain our records of the care that we provided to you.
4. **Highly Confidential Information.** Federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including: (1) your HIV/AIDS status; and (2) substance abuse (alcohol or drug) treatment or rehabilitation information. In order for us to disclose your Highly Confidential Information, we must obtain your separate, specific written consent and/or authorization unless we are otherwise permitted by law to make such disclosure.

In addition, if you are an emancipated minor, certain information relating to your treatment or diagnosis may be considered "Highly Confidential Information" and as a result will not be disclosed to your parent or guardian without your consent and/or authorization. Your consent is not required, however, if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, we may notify your parents or legal guardian of the condition, and will inform you of any such notification.

5. **Your Health Information Rights.** You have the following rights regarding medical information we gather about you:

- A. **Right to Obtain a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.
- B. **Right to Revoke Your Authorization/Consent.** You have the right to revoke your authorization/consent as described above.
- C. **Right to Inspect and Copy.** You have the right to inspect and copy your medical information. This typically includes medical and billing records.

To inspect and copy your medical information, you must submit a written request to our facility. We will supply you with a form for such a request. If you request a copy of your medical information, we may charge a reasonable cost-based fee for the costs of labor of copying, postage, and supplies associated with your request. We may not charge you a fee if you require your medical information for a claim for benefits under the Social Security Act (such as claims for Social Security, Supplemental Security Income, and any other state or federal needs-based benefit program).

If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost based fee limited to the labor costs associated with transmitting the electronic health record.

- D. **Right to Amend.** You have the right to request an amendment or submit corrections to your medical information. We will amend your medical information as requested if we created the information, maintain it in a designated record set, and agree that the changes would not make the medical record inaccurate or incomplete.
- E. **Right to an Accounting of Disclosures and an Access Report.** You have the right to receive a list of how and to whom certain of your medical information has been disclosed by us, called an “accounting of disclosures” of your health information. To request an accounting of disclosures, you must submit your request in writing to our privacy officer. Your request must state the time period you wish the accounting to cover (the time period may not be longer than six years prior to the date of your request). Your request should indicate in what form you would like the accounting of disclosures (for example, on paper or electronically by e-mail). The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting of disclosures. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time, before any costs are incurred. Under limited circumstances mandated by federal and state law, we may temporarily deny your request for an accounting of disclosures.

To the extent that we use or maintain your medical information in an electronic designated record set, you also have a right to receive an access report indicating who has accessed such information (including access for purposes of treatment, payment, and health care operations) during a period of time up to three years prior to the date of your request. We will provide an access report relating to such disclosures made by us and all of our Business Associates.

- F. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you: (i) for treatment, payment, or health care operations; (ii) to someone who is involved in your care or the payment for your care; and (iii) to notify or assist in the notification of such individuals regarding your location and general condition. We will consider your request; however, we are not required to agree to the restriction, unless it relates to certain types of disclosures of your medical information to a health plan concerning health care for which you (or someone else, other than the health plan, on your behalf) paid out-of-pocket in full for the health care item or service.

If we agree to your request, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our privacy officer. In your request, you must tell us:

- what information you want to limit;
- whether you want to limit our use, disclosure, or both; and
- to whom you want the limits to apply.

G. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. To request confidential communications, you must make your request in writing to your physician or our privacy officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

H. Right to Receive Notice of a Breach. You have the right to receive a breach notification that complies with applicable Federal and State laws and regulations in the event of a breach of your unsecured protected health information.

6. Complaints. If you believe your privacy rights have been violated, you may file a complaint with us by contacting our privacy officer at the address listed above. You also may contact the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, Attn: Patient Safety Act, 200 Independence Ave, S.W., Rm. 509F, Washington, D.C. 20201. All complaints filed with the Office for Civil Rights must be submitted in writing and should be submitted within 180 days of when you knew that the act or omission complained of occurred (OCR may extend the deadline if you can show "good cause"). See the Office for Civil Rights website, <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> for more information or email the Office for Civil Rights: OCRMail@hhs.gov. You will not be penalized or otherwise retaliated against for filing a complaint.