



## UNIVERSITY ORTHOPAEDIC CLINIC

ORTHOPAEDIC • SPINE • SPORTS MEDICINE

### NOTICE OF PRIVACY PRACTICES

The law requires us to make sure that medical information that identifies you is kept private and gives you this notice regarding UOC's legal duties and privacy practices with respect to medical information about you and to advise you of UOC's obligation to follow the terms of this notice that is currently in effect. Who will follow this notice: All health care professionals authorized to enter information into your medical chart, any member of a volunteer group that we allow to help you, as well as all employees, staff and other practice personnel.

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

#### HOW UOC MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

Not every use or disclosure in a category will be listed:

<b>TREAT YOU</b>	We use your information and share it with others treating you.	Ex: A doctor treating you for an injury asks for your overall condition. (Psychotherapy notes need authorization)
<b>RUN OUR ORGANIZATION</b>	We can use your information to run our practice, improve your care and contact you when necessary.	Ex: We use health info about you to manage your treatment or call you for appointment reminders or marketing (authorization needed for marketing)
<b>PAYMENTS</b>	We can use or share your health info to bill and get payment from health plans or other entities.	Ex: We give info about you to your health ins plan so it will pay for your services
<b>PUBLIC HEALTH &amp; SAFETY ISSUES</b>	We share health info about you with public agencies.	Ex: To prevent disease, product recalls, adverse reactions, suspected abuse, prevent serious threat to anyone's health
<b>RESEARCH</b>	We can use or share your info for health research.	
<b>ORGAN &amp; TISSUE DONATIONS</b>	We can share health info about you with organ procurement agencies.	Ex: When someone donates an organ, etc.
<b>MED EXAMINER/FUNERAL DIRECTOR</b>	We can share health info with a coroner, med examiner or funeral director.	Ex: When someone dies
<b>WORKERS COMPENSATION</b>	We can use your health information for WC claims.	Ex: WC claims/treatment
<b>LAWSUITS/LEGAL ACTIONS</b>	We can share health info about you in response to a court order.	Ex: Subpoena
<b>COMPLY WITH THE LAW</b>	We can share health info to comply with the law.	Ex: Law enforcement, military, DHS, national security, health oversight
<b>FUNDRAISING, MARKETING, SALE OF YOUR INFORMATION</b>	We will not share your information unless you give us written permission to do so.	You may tell us not to contact you again if someone does call.

#### YOUR RIGHTS: This section explains your rights

<b>Get an Electronic or Paper Copy of Your Medical Record</b>	You can ask to see or get an electronic copy of your medical record that we have on you. Ask us how to do this.
<b>Ask us to Correct Your Medical Record.</b>	You can ask us to correct your health information if you think it is incorrect. We may say "no" to your request if we did not create the PHI, the information is not part of our normal record keeping of PHI, the information would never be included for inspection by anyone or we believe the information is accurate and complete without the amendment. We will tell you why in writing within 60 days. You can appeal this decision in writing for a review.
<b>Request Confidential Communications</b>	You can ask us to contact you in a specific way (for ex: home phone, office phone or text) and we won't ask for the reason. We will request this information in writing and say "yes" to all reasonable requests. If the request is for a format that we don't currently have we may need to charge for this format and wait for payment.
<b>Get a Copy of This Notice</b>	You can get a paper copy at any time if you have received the notice electronically
<b>Choose Someone to Act for You.</b>	If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your right and make choices about your health information.
<b>Get a List of Those With Whom We've Shared Your Information</b>	You may ask for an accounting of times we've shared your health information for six years prior to the date you ask. We will not include those that were disclosed for treatment, payment or healthcare operations.
<b>Limit What we Use or Share</b>	You may ask us not to use or share certain health information for treatment, payment or operations. We are not required to agree with your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or operations. We will say "yes" unless a law requires us to do so.

**CHANGES TO THE TERMS OF THIS NOTICE:** We can change the terms of this notice, and the changes will apply to all information we have about you. We will have a notice at the Front Desk stating that we made changes to our Notice of Privacy Practices. The new notice will be available upon request, in our office, and on our website.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

#### REPORTING COMPLAINTS AND PRIVACY/SECURITY VIOLATIONS:

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. If you feel your rights were violated, please contact UOC's Privacy Officer at [ptingle@uocortho.com](mailto:ptingle@uocortho.com) or by calling 205-345-0192 and asking for the Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave S.W., Washington, D.C. 20201 or by calling 1-877-696-6775 or by visiting: [hhs.gov/ocr/privacy/hipaa/complaints/](https://hhs.gov/ocr/privacy/hipaa/complaints/).

All complaints should be submitted in writing and you will not be penalized for filing a complaint.

**AUDIO OR VISUAL RECORDINGS:** It is the policy of University Orthopaedic Clinic PC that no in-office audio or visual recordings will be permitted unless expressly authorized by UOC Administration, including but not limited to patients, family members and friends, and employer representatives.

**DISCRIMINATION:** University Orthopaedic Clinic, PC complies with applicable Federal Civil Rights Laws and does not discriminate on the basis of Race, Color, National Origin, Age, Disability, or Sexual Orientation (Disclosure Added 10-12-16)