



## NOTICE OF PRIVACY PRACTICES

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

*Purpose of this Notice:* Essex Orthopaedics & Optima Sports Medicine (**EO**) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to patients' PHI. This notice describes legal rights, advises of our privacy practices and outlines how **EO** is permitted to use and disclose PHI about our patients.

**EO** is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in the Notice without permission, but there are some situations where we may use it only after we obtain our patients' written authorizations, if we are required by law to do so.

*Uses and Disclosures of PHI:* **EO** may use PHI for the purposes of payment and health care operations, in most cases without written permission. Examples of our use of PHI:

**For Treatment:** This includes 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 care 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.

**For Payment:** This includes any activities we must undertake in order to get reimbursed for the services provided to our patients, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts.

**EO** will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our patients' information.

**For Health Care Operations:** This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not

individually identify you for data collection purposes, fundraising and certain marketing activities.

**For Marketing Communications:** We may use or disclose your health information to identify health-related services and products that may be beneficial to your health and we may contact you about these services and products. All marketing requires an authorization, except face-to-face, prescription refill and general health reminders, and governmental notices. If there is reimbursement above costs, authorization is required.

*Use and Disclosure of PHI Without Your Authorization:* **EO** is permitted to use PHI without written authorization, or opportunity to object in certain situations, including the following.

For **EO**'s use in obtaining payment for services provided or in other health care operations.

To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance co.).

To another health care provider (such as the hospital) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or had a relationship with our patients and the PHI pertains to that relationship.

For health care fraud and abuse detection or for activities related to compliance with the law.

To a family member, other relative or close personal friend or other individual involved in our patients' care if we obtain verbal agreement to do so or if we give our patients an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to family, relatives or friends if we infer from the circumstances that there is no objection. For example, we may assume our patients' agree to our disclosure of PHI to their spouse when their spouse has called us for them. In situations where our patients are not capable of objecting (because the patient is not present or due to incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to our patient's family member, relative or friend is in the best interest. In that situation, we will only disclose PHI relevant to that person's involvement in our patient's care.

To a public health authority in certain situations as required by law, (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease).

For health oversight activities including audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system.

For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process.

For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime.

For military, national defense and security and other special government functions.

To avert a serious threat to the health and safety of a person or the public at large.

For workers' compensation purposes and in compliance with workers' compensation law.

To coroners, medical examiners and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law.

If our patient is an organ donor, we may release health information to organizations that handle organ donation and procurement as necessary to facilitate their duties.

*Any other use or disclosure of PHI, other than listed above, will only be made with written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **Authorization may be revoked at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.***

*Patient Rights:* Our patients have a number of rights with respect to the protection of PHI. **EO** will permit individuals to exercise their rights.

**Notification in the Case of a Breach:** **EO** is required by law to notify our patients in case of a breach of their unsecured PHI when it has been or is reasonably believed to have been accessed, acquired, used, or disclosed in violation of privacy regulations.

**The Right to Access, Copy or Inspect PHI:** Our patients may come to our office, at a prescheduled time, to inspect and copy most of the medical information about them that we maintain in both paper and electronic format. Information held electronically will be provided in electronic form if requested by the patient.

**The Right to Amend PHI:** Our patients have the right to ask us to amend their PHI. We will consider any request, however, we do maintain the right to deny the request. The patient will be given a written explanation of why the request is being denied.

**The Right to Request an Accounting of Our Use and Disclosure of PHI:** Our patients may request an accounting from us of certain disclosures of their PHI that we have made

in the last six years from the date of the request. We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations. We also are not required to give accounting of our uses of PHI for which we already have a written authorization.

**The Right to Request That We Restrict the Uses and Disclosures of an Individual's PHI:** Our patients have the right to request that we restrict how we use and disclose PHI for treatment, payment or health care operations, or to restrict the information provided to family, friends and other individuals involved in their health care. However if the information is needed to provide emergency treatment we may disclose the PHI to a health care provider to provide emergency treatment. Our patients have the right to a restriction of disclosure of PHI to a health plan for payment if the patient has paid in full for the services and items provided in that visit.

**Your Legal Rights and Complaints:** Our patients also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if they believe their privacy or security rights have been violated. Complainants will not be retaliated against in any way for filing a complaint with us or to the government. Should our patients have questions, comments or complaints they may direct them to the Privacy Officer listed below.

Privacy Officer for Essex Orthopaedics & Optima Sports Medicine  
Sheila Dowd  
16 Pelham Rd  
Salem, NH 03079

Secretary of Health and Human Services  
Regional Office  
Government Center  
John F. Kennedy Federal Bldg  
Boston, MA 02203

**EO** reserves the right to update the terms of this notice at any time. Our patients may request a copy of the latest version of this Notice at their next visit or by contacting the Privacy Officer.

*Effective Date of Notice: 09/23/2013*