

# Scott Orthopedic Center

## Notice of Privacy Policies and Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact Tim Smith, Scott Orthopedic Center Administrator, at 304-525-6905

**OUR PLEDGE REGARDING MEDICAL INFORMATION:** We understand that medical information about you is personal. We are committed to protecting your medical information. We create a record of the care and services you receive, and we need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records your care has generated at Scott Orthopedic Center. This notice will tell you about the ways in which we may use and disclose medical information about our patients, whether it be you or your child or loved one. Wherever we use the word "you" we are referring to the actual patient. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION** The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel of Scott Orthopedic Center who are involved in taking care of you. Different areas/locations of Scott Orthopedic Center also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to professionals outside of Scott Orthopedic Center who may be involved in your medical care. For example, a doctor involved in treating a broken bone needs to know if that patient has diabetes or other medical conditions that might complicate the healing process. Finally, we may disclose information to others, such as family members, if 1) we are confident this would be acceptable to you, and 2) these individuals are clearly active in your care and/or support.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Scott Orthopedic Center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a procedure you received so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for operations of Scott Orthopedic Center. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and how effective selective treatments have been. We may also disclose information to medical students and other trainees for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. If we are unable to remove identifying information we will take steps to ensure that the information is used only as intended.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Alternatives.** We may use and disclose medical information to tell you about possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is clearly involved in your medical care. We may also give information to someone who helps pay for your care.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you or your child is involved in a lawsuit or a dispute, we may disclose medical information in response to a court or administrative order. We may also disclose medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at Scott Orthopedic Center; and: in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**National Security and Intelligence Activities.** We may release medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information you must submit your request in writing to "Scott Orthopedic Center, Attention: Copies". We may charge a fee for the costs of copying, mailing or other supplies. We may deny your request to inspect and copy in certain very limited circumstances.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Scott Orthopedic Center. To request an amendment, your request must be made in writing and submitted to "Scott Orthopedic Center, Attention: Administrator". In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for us; is not part of the information which you would be permitted to inspect and copy; or is without question accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. Exception: disclosures to individuals made as part of activities 1- 7 above are not tracked (every therapist, every nurse, etc. involved with your care, etc) and, therefore, will not be included in the accounting of disclosures provided to you. To request this list or accounting of disclosures, you must submit your request in writing to Scott Orthopedic Center, Attention: Administrator. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to "Scott Orthopedic Center, Attention: Administrator". In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to a grandparent.

**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 mail. To request confidential communications, you must make your request in writing to "Scott Orthopedic Center, Attention: Administrator". 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.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website, [www.scottorthopedic.com](http://www.scottorthopedic.com).

**CHANGES TO THIS NOTICE** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will make available a copy of the current notice at each practice site. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for new treatment we will offer you a copy of the current notice in effect. Clear and apparent signage may satisfy this stipulation.

**COMPLAINTS** If you believe your privacy rights have been violated, you may file a complaint with Scott Orthopedic Center or with the Secretary of the Department of Health and Human Services. To file a complaint with Scott Orthopedic Center, contact:

Tim Smith, Administrator  
Scott Orthopedic Center  
2828 1<sup>st</sup> Avenue, Suite 400  
Huntington, WV 25702

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

## **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you for a specific purpose beyond that covered in this notice above, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered

by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.