



NOTICE OF PRIVACY PRACTICES
(Effective April 11, 2013)

**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.**

The United States Congress has passed the Health Insurance Portability and Accountability Act. We are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our office concerning your health information. We are required by law to maintain the confidentiality of health information that identifies you. By law, we must follow the terms of the Notice that we have in effect at the time.

Our office is dedicated to maintaining the privacy of your protected health information. In conducting our business we will create records regarding you and the services and treatments you receive from us. This notice applies to all the records of your care generated by this health care practice, whether made by the physician or others working in this office. Our privacy policies and procedures have long been in practice to protect our patients' confidentiality. These policies and procedures as outlined in this Notice will continue to be monitored and may change when appropriate. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information

- A. **Uses and Disclosures.** The following categories describe different ways the law allows us to use and disclose your health information. These categories are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.
1. **Treatment.** Our office will use and disclose your health information to treat you. Individuals within our office may use or disclose your health information in order to provide, coordinate, and manage your medical care and any related services. This includes the use or disclosure of your health information to aid in the coordination or management of your medical care with a third party. For example, your health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
 2. **Payment.** Your health information will be used or disclosed, as needed, to allow us to obtain payment for health care services provided to you. This may include disclosure to your health insurance plan or carrier as they undertake certain activities before approving or paying for medical services. Such activities include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly for services and items.
 3. **Health Care Operations.** We may use or disclose, as needed, your health information to operate our business. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, licensing, and conducting or arranging for other business activities.
 4. **Others Involved in Your Healthcare.** We may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care or who has responsibility for payment of your health care. We may also use or disclose your health information to notify or assist in notifying a relative or any person responsible for your care, of your location, general condition or death. Further, in the event of your death, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care or who has responsibility for payment of your health care,

HIPAA NOTICE OF PRIVACY PRACTICES
Nebraska Orthopaedic and Sports Medicine, P.C.

unless such disclosure is inconsistent with your prior expressed preference that was known to us. In addition, we may use or disclose your health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating the above uses and disclosures to your family or other individuals involved in your health care.

5. **Incidental Uses and Disclosures.** There may also be incidental uses or disclosures of your health information as a result of otherwise allowed uses and disclosures. Such uses and disclosures may occur because they cannot reasonably be prevented. For example, when your name is called in the waiting room, we cannot reasonably prevent others from overhearing your name.
6. **Other.**
 - a. **Appointment Reminders.** We may use or disclose your health information, as necessary, to contact you to schedule or remind you of an appointment, including leaving messages on your answering machine.
 - b. **Sign In.** We may use a Sign-In sheet at the reception desk where you will be asked to sign your name and indicate your physician.
 - c. **Fax.** We may fax your health information to carry out treatment, payment, or health care operations.
 - d. **Business Associates.** We will share your health information with third party “business associates” that perform various activities on our behalf such as billing or transcription services. Whenever an arrangement between our office and another organization involves the use or disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information.
 - e. **Mailings.** We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the service we offer. We may also send you information about products or services we believe may be beneficial to you.
 - f. **Health Care Operations.** We may disclose your health information to another health care provider of yours for their health care operations relating to their quality assessment and improvement activities, reviewing the competence or qualifications of their health care professionals, or detecting or preventing health care fraud and abuse.

B. **Uses and Disclosures Allowed or Required by Law.** We may use or disclose your health information in the following situations as allowed or required by law:

1. **Required By Law.** We may use or disclose your health information when we are required to do so by federal, state or local law. We will limit the use or disclosure to that required by such law.
2. **Public Health Risks/Threat to Health or Safety.** We may disclose your health information to a public health authority when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
3. **Communicable Diseases.** We may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
4. **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These activities are necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
5. **Abuse or Neglect.** We may disclose health information to a public health authority that is authorized by law to receive reports of a child abuse or neglect. In addition, we may disclose your health information if we

HIPAA NOTICE OF PRIVACY PRACTICES
Nebraska Orthopaedic and Sports Medicine, P.C.

believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

6. **Food and Drug Administration.** We may disclose your health information to a person or company as required by the Food and Drug Administration (“FDA”) for purposes relating to the quality, safety or effectiveness of FDA regulated products or activities.
7. **Legal Proceedings.** We may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions, in response to a subpoena, discovery request or other lawful process.
8. **Law Enforcement.** We may disclose health information, so long as applicable legal requirements are met, to law enforcement officials, for law enforcement purposes. These law enforcement purposes include, but are not limited to, (1) legal processes and other proceedings required by law, (2) limited information requests for identification and location purposes, (3) requests pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on our premises, (6) medical emergency (not on our premises) and it is likely that a crime occurred.
9. **Coroners, Funeral Directors and Health Examiners.** We may disclose health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. Health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
10. **Research.** We may disclose your health information to researchers when their research has been approved by a privacy board or an institutional review board.
11. **Criminal Activity.** Consistent with applicable federal and state laws, we may disclose your health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
12. **Military.** When the appropriate conditions apply, our office may disclose your health information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
13. **National Security.** Our office may disclose your health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
14. **Employers.** We may disclose to your employer health information obtained in providing medical services to you at the request of your employer for purposes of conducting an evaluation relating to medical surveillance of the workplace or determining whether you have a work-related illness or injury when such medical services are needed by the employer to comply with certain legal requirements.
15. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
16. **Workers’ Compensation.** Your health information may be disclosed by us as authorized to comply with worker’s compensation laws and other similar legally established programs.
17. **Compliance.** Under the law, we must make disclosures of health information to the Secretary of the Department of Health and Human Services to enable it to investigate or determine our compliance with the requirements of the privacy laws.

HIPAA NOTICE OF PRIVACY PRACTICES
Nebraska Orthopaedic and Sports Medicine, P.C.

- C. **Written Authorization.** We may only use and disclose your psychotherapy notes for purposes other than certain treatment, payment or health care operations with your written authorization. We may only use and disclose your health information for marketing purposes with your written authorization, except if the communication is in the form of face-to-face communication made by us to you or is a promotional gift of nominal value from us to you. We may only sell your health information with your written authorization. Further, any other uses and disclosures of your health information for purposes other than those described above in this Notice will be made only with your written authorization. Any authorization you provide to us is effective for the period specified in the authorization (which cannot exceed one year) unless you revoke the authorization in writing. Any written authorization may be revoked by you, at any time. Your revocation shall not apply to those uses and disclosures we made on your behalf pursuant to your authorization prior to the time we received your written revocation. We will accept authorizations by facsimile and will treat such as originals.
- D. **Facility Directories.** Unless you notify us, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation. If you do not want us to use or disclose such information or want some restrictions on what is placed in our facility directory or who the information is disclosed to, your request must be in writing, addressed to the Privacy Officer and state the specific restrictions requested. If you are not present or able to express your objection or request a restriction to such use or disclosure, then your physician may, using the physician's professional judgment, determine whether the use or disclosure is in your best interest.
- E. **Breach.** In the event your unsecured health information has been accessed, acquired, used or disclosed in a manner not permitted by law which compromises the security or privacy thereof, we are required by law to notify you of such within 60 days after we have discovered such breach.

F. **Your Rights Regarding your Health Information**

You have the following rights regarding the health information we maintain about you.

1. **Requesting Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. To request such a restriction, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our office's use, disclosure or both; (c) to whom you want the limits to apply.

Except as provided below, we are not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your health information, your health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless there is an emergency. We may terminate our agreement to restrict uses and disclosures of your health information by providing you with written notice of such; provided, however, that our termination shall only be effective with respect to health information created or received after we have given you notice of termination of the restriction.

If the requested restriction relates to a disclosure to a health plan for payment or health care operation purposes, and the health information to be disclosed pertains solely to an item or service for which we have been paid in full by you or another person on your behalf (other than the health plan), we must agree to the restriction. Further, we may not terminate this restriction.

2. **Confidential Communication.** You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home rather than work. In order to request a type of confidential communication, you must make request in writing to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our office will accommodate reasonable requests. We will not ask you the reason for your request.
3. **Inspection and Copies.** You have the limited right, subject to certain grounds for denial, to look at all of your health information that we keep except for the following records: psychotherapy notes; information compiled

HIPAA NOTICE OF PRIVACY PRACTICES
Nebraska Orthopaedic and Sports Medicine, P.C.

in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and certain laboratory information restricted by federal law. You also have the limited right, subject to certain grounds for denial, to obtain copies of that health information you have a right to look at. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your health information. Our office may charge you a reasonable fee for copying, mailing, labor and supplies associated with your request. Any request for access to or copies of your health information must be in writing and provided to the Privacy Officer. If your request for access to or copies of your health information is denied, you may, depending on the circumstances, have a right to have a decision to deny access reviewed. We will provide you, in writing, with our reasons for denial of access and, if, by law, you are allowed to have such denial reviewed, we will provide you with instructions for having a denial of access reviewed.

If we maintain your health information electronically, we will provide you with a copy of your medical record in the electronic form and format that you request, if we can readily produce such format. If we cannot readily produce the format you requested, we will produce your electronic health information in at least one readable electronic format as agreed to between you and us.

If your request directs us to transmit the copy of your health information directly to another person, we will provide the copy of your health information to the person you designated, if your request was made in writing, signed by you and clearly identifies the designated person and where to send the copy of your health information.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our office will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of your health information kept by or for our office; (c) not part of the health information which you would be permitted to inspect or copy; or (d) not created by our office, unless the individual or entity that created the information is not available to amend the information. If we deny your request for amendment, you have the right to file a statement of disagreement that will become part of your health information. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make and any such response will become part of your health information.
5. **Accounting of Disclosures.** You have the right to request a list accounting for any disclosures of your health information we have made, except for (i) uses and disclosures for treatment, payment, and health care operations, as previously described, (ii) disclosures made to you; (iii) disclosures to a facility directory; (iv) disclosures to family members or friends involved in your care or for notification purpose; or (v) disclosures pursuant to an authorization. To request a list of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For your 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.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our Notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this Notice, contact our front desk or Privacy Officer.

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 health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page at the top, the effective date. In addition, each time you register for treatment or health services, we will have copies of the current notice in effect available.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer. All complaints must be submitted in writing. *You will not be penalized or retaliated against for filing a complaint.*

HIPAA NOTICE OF PRIVACY PRACTICES
Nebraska Orthopaedic and Sports Medicine, P.C.

Privacy Officer Contact Information:

If you have any questions about this Notice, you may contact our Privacy Officer by telephone, facsimile, or mail at the address below. If, however, you want to exercise any of your rights pursuant to this Notice of Privacy Practices or have a complaint, such action must be in writing and faxed or mailed to our Privacy Officer at the address set forth below.

Nebraska Orthopaedic and Sports Medicine, P.C.
Attn: Privacy Officer
St. Elizabeth Medical Plaza
575 S. 70th Street, Suite 200
Lincoln, NE 68510
Phone: (402) 488-3322
Fax: (402) 488-1172

Acknowledgement of Receipt of this Notice:

We will request that you sign a separate notice acknowledging you were given the opportunity and/or have received a copy of this notice. This acknowledgement will be filed with your records.