

## NOTICE OF PRIVACY PRACTICES

This notice describes how health information (HI) about you may be used and disclosed, and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your HI and to inform you about our privacy practices by providing you with this notice. We must follow the privacy practices as described below. This notice will take effect on 10/18/2004 and remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this notice will be amended to reflect the changes and we will make the new notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms or our notice effective for all HI maintained, created, and/or received by us before the date changes were made.

### TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your HI confidential, using it only for the following purposes:

**Treatment:** We may use your HI to provide you with our professional services. We have established a "minimum necessary or need to know" standards that limit various staff members' access to your HI according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

**Disclosure:** We may disclose and/or share your HI with other healthcare professionals who provide treatment and/or service to you. These professionals will have a privacy policy like this one. HI about you may also be disclosed to persons that you choose to involve in your care, only if you agree that we may do so.

**Payment:** We may use and disclose your HI to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

**Emergencies:** We may use or disclose your HI to notify or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, location, or general condition. If at all possible, we will provide you with an opportunity to object to this disclosure; however, under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up x-rays or other HI unless you have advised us otherwise.

**Required by Law:** We may use and disclose your HI when we are required to do so by law (court of administrative orders, subpoena, discovery request, or other lawful process). We will use and disclose your HI when requested by national security, intelligence, and other State or Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

**Abuse or Neglect:** We may use and disclose your HI when to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

**Public Health Responsibilities:** We may use and disclose your HI to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and or disability.

**Marketing Health Related Services:** We will not use your HI for marketing purposes unless we have your written permission to do so.

**National Security:** The HI of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence, or other national security activities, we may disclose it to authorized Federal officials.

**Implied Consent:** If you bring ANY persons with you to the exam room or allow them into your hospital room, you are implying consent to discuss your medical information in front of them even if they are on the list to not disclose such information. If you engage or initiate medical personnel in conversation regarding your medical illnesses in front of others, then we will assume you are agreeing to discuss your medical facts in their presence. If you would rather not discuss things in front of others, please keep your conversations to the privacy of the examination room.

**Access:** Upon written request you have the right to inspect and get copies of your HI (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine your HI, you will need to complete and submit a written request to the Privacy Officer at the address listed below. Once approved, an appointment can be made to review your records. Copies, if requested, will be assessed a fee per page and the staff time charged will be a fee per hour including the time required to locate and copy your HI. If you want copies mailed to you, postage will also be charged. If you prefer a summary or explanation of your HI, we will provide it for a fee.

**Non-routine Disclosures:** You have the right to receive a list of non-routine disclosures we have made of your HI. You have a right to a list of instances in which we, or our business associates, disclosed information for reasons *other than treatment, payment, or healthcare operations*. You can request non-routine disclosures going back six years starting on April 14, 2003. Information prior to that date would not have to be released. (Example-if you request information on June 1, 2004, the disclosure period would start on April 14, 2003 up to June 1, 2004. Disclosures prior to April 14, 2003 do not have to be made available.)

### QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your HI, you can complain to us in writing. We support your right to the privacy of your HI and will not retaliate in any way if you choose to file a complaint with us or with the US Dept. of Health and Human Services.

You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer at:

Huntington Beach Orthopedics Sports Medicine  
17742 Beach Blvd.  
Suite 245  
Huntington Beach, CA 92647  
714-848-1911