



ORTHOPEDIC SPECIALTY INSTITUTE

NOTICE OF PRIVACY PRACTICES

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

OUR PLEDGE REGARDING MEDICAL INFORMATION

ORTHOPEDIC SPECIALTY INSTITUTE understands that your medical information and health details are personal. We are committed to safeguarding this information. We maintain a record of the care and services you receive from us. This record is necessary to provide quality care and to comply with applicable legal and regulatory requirements.

This Notice applies to all records of your care and billing that we create or maintain, whether generated by our workforce members or by other healthcare professionals involved in your care within our organization. Other healthcare providers may have different privacy policies or notices that apply to medical information created in their own offices or at other locations outside of our organization.

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, along with your legal rights regarding medical information about you; and

Follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

- Any health care professional authorized to enter information into your medical record that we maintain.
- Any persons or companies with whom we contract for services to help operate our practice and who have access to your medical information.

- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories explain different ways we use and disclose medical information. For each category, we will clarify what it means and provide some examples. Not every use or disclosure within a category will be listed. However, all permitted uses and disclosures will fall into one of these categories.

- **For Treatment.** We may use your medical information to provide you with medical care or services. We may share your medical information with doctors, nurses, technicians, medical students, volunteers, or other staff involved in your care. For example, a doctor treating your broken hip might need to know if you have diabetes, as it can affect the healing process. We also may share your medical information with people outside of our organization who are involved in your care after you've been treated here, such as friends, family members, or staff at any hospital or skilled nursing facility where you are transferred or admitted.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive can be billed, and payment may be collected from you, an insurance company, or a third party. For example, we may need to share your health insurance plan information regarding treatment you received so that your health insurance plan will pay us or reimburse you for the treatment. We also may disclose information about you to another healthcare provider, such as a hospital or skilled nursing facility you are admitted to, for their payment activities related to you.
- **For Health Care Operations.** Our business associates and we may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate our organization 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 our staff's performance in caring for you. We may also combine medical information about many patients to decide what additional services we should offer and which services are not needed. We may also disclose information to doctors, nurses, technicians, and other personnel affiliated with our organization for review and learning purposes. We may also combine the medical information we have with information from other health care providers to compare our performance and identify areas for improvement in the care and services we provide. Additionally, we may remove identifying information so others can study health care and health care delivery without knowing the identities of specific patients. We may also share information about you with another health care provider for its healthcare operations if you have also received care from that provider.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.
- **Fundraising Activities.** We may use your medical information to contact you in an effort to raise funds for our organization and its operations. Specifically, we might use your information to focus our fundraising efforts. For example, if we are raising money for women's health services, we may focus our fundraising efforts on individuals who have previously received women's health services from us. We might also share limited medical information with a business partner or a foundation we are associated with, so they can contact you about raising money for our organization. The information we

release would include your name, address, phone number, age, date of birth, gender, your physician, and the dates you received treatment or services.

If you do not want to be contacted regarding fundraising efforts, you must notify our Privacy Officer in writing. If you have not already done so, we need to ask you each time we contact you about fundraising efforts whether you wish to opt out of all future fundraising communications. If you choose to opt out, we will no longer share your information for fundraising purposes. However, you can inform us in writing in the future if you decide you'd like to receive these fundraising communications. Your decision to receive or not receive targeted fundraising materials will not affect your access to health care services or the treatment we provide.

Even if you have opted-out, we may send you non-targeted fundraising materials that are sent out to the general community and are not based on information from your treatment.

- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Medical information that has been de-identified (with identifying information removed) may be used or disclosed for research without your authorization, as permitted by law. We may also disclose medical information to individuals preparing to conduct a research study (for example, to help identify patients with specific medical conditions), provided that the information reviewed does not leave our organization and is not removed by the researcher. If the researcher has information about your mental health treatment that reveals who you are, we will seek your consent before disclosing that information to the researcher. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value in connection with using or disclosing your medical information for research purposes, except for money to cover the costs of preparing and sending the medical information to the researcher.
- **Individuals Involved in Your Care or Payment for Your Care.** We may share medical information about you with a friend or family member involved in your medical care. This includes persons named in any durable health care power of attorney or similar document provided to us. We may also share information with someone who helps pay for some or all of your care. Additionally, we might disclose medical information to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location. You can object to these disclosures by informing us that you do not want any or all individuals involved in your care to receive this information. If you are not present, unable to agree, or unable to object, we will use our professional judgment to decide whether it is in your best interest to share relevant information with someone involved in your care or with an entity assisting in a disaster relief effort.
- **As Required or Permitted By Law.** We may disclose medical information about you when required or permitted 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 it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **Substance Use Disorder.** If we receive or keep information about you from a substance use disorder treatment program covered by 42 CFR Part 2 (called a “Part 2 Program”) through a general consent you gave that program for treatment, payment, and/or health care operations, we may use and share your record for those same purposes as explained in this Notice. We will never use or share your record, or any testimony about what is in your record, in any civil, criminal, administrative, or legislative proceeding by any federal, state, or local authority against you unless you give written permission or a court issues an order after notifying you.
- **Active Duty Military Personnel and Veterans.** If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- **Workers’ Compensation.** In accordance with state law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers’ compensation to your employer, insurer, or care manager paying for that treatment under a workers’ compensation program that provides benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following:
 - To report, prevent or control disease, injury, or disability;
 - To report births and deaths;
 - 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; and
 - To report suspected abuse or neglect as required by law.
- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.

- **Law Enforcement.** We may release without your consent medical information to a law enforcement official:

In response to a court order, warrant, summons, grand jury demand, or similar process;

To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;

In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;

To report a death or injury we believe may be the result of criminal conduct; and

To report suspected criminal conduct committed at our facilities.

- **Coroners and Medical Examiners.** We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients to funeral directors to carry out their duties.
- **National Security and Intelligence Activities.** We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- **Psychotherapy Notes.** Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside of our organization without your written authorization, except as required by law or pursuant to a valid court order. Psychotherapy notes will not be disclosed to members of our workforce except for limited purposes permitted by law, such as training or to defend against a legal action brought against our organization, unless you have provided a valid written authorization permitting such disclosure.
- **Marketing of Health-Related Products and Services.** “Marketing” means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your medical information to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include: prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made about your treatment, such as when your physician refers you to another health care provider, generally are not marketing.
- **Sale of Medical Information.** We cannot sell your medical information without first receiving your authorization in writing. Any authorization form you sign agreeing to the sale of your medical information must state that we will receive payment of some kind disclosing your information.

However, because a “sale” has a specific definition under the law, it does not include all situations in which payment of some kind is received for the disclosure. For example, a disclosure for which we charge a fee to cover the cost to prepare and transmit the information does not qualify as a “sale” of your information.

- **Inmates.** If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you. If you are in the custody of the North Carolina Department of Corrections (“DOC”) and the DOC requests your medical records, we are required to provide the DOC with access to your records.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your medical record unless your attending physician determines that information in that record, if disclosed to you, would be harmful to your mental or physical health. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional that we chose will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your medical information is contained in records that are our property. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, **we may charge a fee** for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we will first obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

- **Right to Amend.** If you feel that the medical information we have about you in your record 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 us.

To request an amendment, make your request in writing to our Privacy Officer. 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 we keep;

Is not part of the information that you would be permitted to inspect and copy; or

Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you during the past six years.

To request this list or accounting of disclosures, submit your request in writing to our Privacy Officer and state whether you want the list on paper or electronically. Your request must specify a time period of no more than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing them. We will notify you of the cost, and you may withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

- **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any and all authorizations you previously gave us relating to the disclosure of your medical information.

We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, make your request in writing to our Privacy Officer. 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 your spouse.

You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any of our locations. If you pay the charges for those services you do not want disclosed ***in full at the time of such service***, we are required to agree to your request. “In full” means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.

- **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, or at another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and 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 or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, request a copy from our Privacy Officer in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical 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 at our offices. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you of what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer. You may also file a complaint with the United States Department of Health and Human Services Office of Civil Rights. *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 may only be made with your written permission or as required by law. If you give us permission to use or share your medical information, you can revoke that permission in writing at any time. Your revocation will take effect at the end of the day on which you provide it in writing to our Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes you previously authorized in writing. You understand that we are unable to take back disclosures we've already made with your permission, and that we are required to retain our records of the care we provided to you.

PRIVACY OFFICER

To contact the Privacy Officer, please write or call:

Orthopedic Care Partners
Attn: Privacy Officer
4500 West Newberry Road
Gainesville, FL 32607
Fax: 970.479.5835

Effective Date: **April 14, 2003**

Revised 2/16/2026