

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records, also known as Protected Health Information, used or disclosed to us in any form, whether electronically, on paper, or orally, are kept confidential. Your Protected Health Information includes information about your health condition and the care and treatment you receive at Orthopedic Rehabilitation Specialists, Inc (ORS). This Notice explains how your Protected Health Information may be used and disclosed to third parties and also details your rights regarding your Protected Health Information.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

ORS, in accordance with this Notice, may use and disclose your Protected Health Information for the following purposes:

- **Treatment** – We will use or disclose your Protected Health Information to provide, coordinate, plan and/or manage health care services.
- **Payment** – We will use your Protected Health Information, as needed, to obtain payment for your health care services, confirm insurance coverage, and billing or collection activities.
- **Health care operations** – We may use your Protected Health Information in order to support the business activities of ORS, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, work with a medical examiner, comply with the law, help with public health and safety issues, and customer service.
- **Other** – Address worker's compensation, law enforcement, other government requests, and respond to lawsuits and legal actions.

SPECIAL DISCLOSURES OF PROTECTED HEALTH INFORMATION

- **Appointments** – We may contact you in the event that your therapist is ill to re-schedule or cancel your appointment and may leave a message for you on your answering machine or with the individual answering the phone.
- **Schedule** – We maintain a schedule at the reception area. The schedule is in a location where staff can readily see who is seeking care in the office and also to schedule appointments. The information on the schedule may be seen by patients while scheduling appointments.
- **Legal Proceedings** – We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to a subpoena.
- **Personal Representative** – We may disclose your Protected Health Information to person(s) who, under applicable law, has the authority to represent you in making decisions related to your health care.
- **Family/Friends** – We may disclose to your family member, other relative, or a close personal friend, your Protected Health Information directly relevant to this person's involvement with your care or the payment of your care. This information will only be disclosed if you are present and if it is reasonable to infer from the circumstances that you do not object to the disclosure. We may allow your family to access your Protected Healthcare Information in the event of your death, unless you direct us not to do so.
- **Emergency Situations** – We may disclose your Protected Health Information for the purpose of coordinating your care with other entities in an emergency situation.

- **Military and Veterans** – We may disclose Protected Health Information if you are a member of the armed forces, as required by the military command authorities.
- **De-identified Information** - We may use or disclose Protected Health Information that may be related to your care but does not identify you and cannot be used to identify you.

AUTHORIZATION

Any uses and disclosures, other than those described above, will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request.

YOUR RIGHTS

The following are your rights regarding your Protected Health Information:

- You have the right to revoke any Authorization you have given to ORS at any time.
- You have the right to request restrictions on certain uses and disclosures of your Protected Health Information. Your written request must contain specifically what information you want to limit and to whom you want the limits to apply. Except in certain instances, ORS is not required to agree to a restriction request. If ORS agrees to your request, ORS will be bound by those restrictions unless the information is needed to provide you with emergency treatment.
- You have the right to request to receive confidential communication or Protected Health Information from us by alternative means or at an alternative location, such as sending information to a work address.
- You have the right to ask to see or get an electronic or paper copy of your medical record.
- You have the right to restrict disclosures to your health insurance plan if you are paying out-of-pocket and in full for your treatment.
- You have the right to request ORS amend your paper or electronic medical record. ORS may deny your request for an amendment in writing. If you disagree with the denial, you have the right to submit a statement of disagreement.
- You have the right to request an accounting of certain disclosures we have made, if any, of your Protected Health Information. It excludes disclosures made prior to April 10, 2003 and disclosures made for the purposes of treatment, payment, healthcare operations and special disclosures as listed above.
- You have the right to choose someone to act on your behalf. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your Protected Health Information.
- You have the right to obtain a paper copy of this notice from us.

If you want to exercise your rights under this notice, please submit your request in writing to:

Orthopedic Rehabilitation Specialists, Inc.
Attn: Craig Nagata, Privacy Officer
1600 Kapiolani Blvd. Suite 600
Honolulu, HI 96814

REQUIREMENTS

The following are requirements for Orthopedic Rehabilitation Specialists, Inc (ORS):

- We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.
- We are required to abide by the terms of the Notice of Privacy Practices effective April 10, 2003. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

COMPLAINTS

If you believe that your privacy rights have been violated, you have the right to file a formal, written complaint with our Privacy Officer or with the Department of Health & Human Services Office of Civil Rights. We will not retaliate against you for filing a complaint.

PATIENT ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and understand this *Notice of Privacy Practices*.

Signature of Patient or Patient's Parent or Legal Guardian: _____

Printed Name: _____ Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature acknowledging this of *Notice of Privacy Practices*, but to the best of my ability was unable to do so as documented below:

Date:	Patient Name:	Reason:	Signature