

168 N. Brent, Suite 505  
Ventura, CA 93001  
(805) 648-3902

## ORTHOPEDIC SURGERY

### Notice of Health Information Privacy Practices

This notice describes how information about you may be used and disclosed, and how you may get access to this information. Please review it carefully.

At our office, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 4/14/03, and applies to all protected health information as defined by federal regulations.

Each time you visit our office, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

- Basis for planning your care and treatment,
- Means of communication among health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer receive information required for billing,
- A source of information for public health officials, when/if they require access to our records,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used, helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and to make an informed decisions when authorizing disclosure to others.

Although your health record is the physical property of our office., the information belongs to you. You have the right to:

- Obtain a copy of this Notice of Information Practices upon request,
- Inspect and copy your health record, and we may charge you a reasonable fee for copies.
- Request an amendment to your medical record in writing. We may, or may not make a change in your record, however we will include your statement in your file. Either way, we will not remove or alter earlier documents.
- Obtain an accounting of the disclosures of your health information.
- Request communications of your health information by alternative means or at an alternative location.
- Request a restriction on certain uses and disclosures of your information in writing, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

We are required to:

- Maintain the privacy of your health information,
- Advise you of our privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or location.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer, Tracy Ward at 168 N. Brent St. Suite 505, Ventura, (805) 648-3902 or with the Office for Civil Rights, U. S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201.

There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

The law provides use or disclosure of your health information for treatment, payment and operations.

An example of treatment would be a review of your file by other physicians involved in your care.

An example of payment would be to provide a description of services performed for billing.

An example of operations would be to allow our staff access to your records for authorization for services, or leaving a message regarding scheduling at the contact number you have provided to our office..

*Business Associates:* There are some services provided in our organization through agreements with business associates. Examples include physician services in the radiology department, certain laboratory tests, services provided by a copy service when making copies of your health record and services provided by an outside transcription service. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

No one is authorized to pick-up or discuss my medical information other than myself. To include x-ray results, scheduling surgery, appointments, etc.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ If signing as parent or guardian, Patient Name: \_\_\_\_\_