



University Orthopaedic Center

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## Notice of Privacy Practices

### **University Orthopaedic Center is committed to protecting the confidentiality of your health information.**

We are required to abide by the terms of this notice of Privacy Practices. We may change this notice at any time. The new notice will be effective for all protected health information maintained at that time. Upon your request we will provide you with any revised notice of privacy by University Orthopaedic Center, calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your appointment.

This notice of Privacy Practice describes how we may use and disclose your medical information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. It also describes your rights to access and control your **protected information**. Protected health information is information about you, including demographics, that may identify you and that relates to your past, present or future physical or mental health condition and related healthcare services.

#### **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

You will be asked by your physician to sign a consent form. Once you have consented to privacy disclosure of your protected health information, payment and healthcare operation by signing this consent form, your physician will use or disclose your protected health information as described below. Your protected health information may be used and disclosed by the physician, our office staff and others outside of the office that is involved in your care and for your purpose of providing health care services to you. Your protected health information may be disclosed to pay your health care bills and support the operations of the physician.

Following are examples of the types of uses and disclosures of your protected health care that the physician's office is permitted to make once you have signed a consent form. They are not meant to be exhaustive, but to describe the types of uses and disclosures that our office has, once you have provided consent.

**TREATMENT:** We will disclose your protected health information to provide, coordinate and manage your health care and any related services. This includes the coordination for managing your health care with a third-party that has already obtained your permission to have access to protected health information. For example, we would disclose your protected health information necessary to a home health agency that provides care to you. We will also disclose information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information is provided to a physician to whom you have been referred to ensure that the physician forwards information to diagnose or to treat you.

In addition, we may disclose your protected health information from time to time to another healthcare provider. For example, a specialist or laboratory, who at the request of your physician involves in your care by providing assistance with your health care diagnoses or treatment by your physician.

**PAYMENT:** Your protected health information will be used to obtain payment for healthcare services. This may include certain activities that your health insurance plan may or may not approve or pay for healthcare services we recommend for you; such as, making a decision, eligibility or coverage for insurance benefits, reviewing services provided to you for medical care, and undertaking utilization review activities. For example, obtaining approval for a hospital requires that your relevant protected health information be disclosed to the health plan to allow for hospital admission.

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**HEALTHCARE OPERATIONS:** We may use or disclose, as needed, your protected health information to support the business activities of your physician's practice. These activities include employee review, medical students and residents.

For example, we may disclose your protected health information to physician's insurance companies for payments.

In addition, we may use a sign-in sheet at the registration desk when asked to sign-in. We may also call you by name when the physician is ready to see you. We may use or disclose your protected health information when necessary to contact you to remind you of your appointment. We may contact you to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Other uses and disclosures of your protected health information will be made only with your authorization unless otherwise permitted or required by law as described below. You may authorize at any time, in writing, except to the extent that your physician or other physician has taken an action in reliance on the use or disclosure indicated in the authorization.

**OTHERS INVOLVED IN YOUR HEALTH CARE:** With your authorization we may disclose, to a member or relative, a close friend or any other person you identify, your protected health information that relates to that person's involvement in your health care. We may use or disclose protected health information to assist in notifying a family member, personal friend, personal representative, or any other person that is responsible in your care, location or general condition.

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