

HIPPA Notice of Privacy Practices

University Hip and Knee Orthopaedic Specialists LLC
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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 COMMITMENT TO PROTECTING YOUR PERSONAL HEALTH INFORMATION

This Notice of Privacy Practice Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use by required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you, or we would disclose your protected health information, as necessary, to a home health agency that provides care to you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to doctors or students in medical training that may be in our office. In addition, we may use a sign in sheet at the registration desk where you will be asked to sign your name. You may also be called by name in the waiting room when it is time for you to be seen by the physician. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Appointments: We may use your information to provide appointment reminders or other health related benefits and services.

Other Uses and Disclosures We Can Make Without Your Written Authorization or Opportunity to Agree or Object:

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required by law, Public Health activities or for other Health Oversight activities, Communicable Diseases, Abuse or Neglect, Funeral Directors or Coroners, Organ/Tissue Donation, Research, Government Functions and National Security, Workers Compensation, Required Uses and Disclosures.

Other uses and disclosures will be made only with your written authorization, unless required by law. You may revoke your authorization at any time, in writing, except to the extent that your physician or physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operation. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request.

You have the right to request confidential communications from us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

You have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

3. COMPLAINTS

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact, listed below, of your complaint. **We will not retaliate against you for filing a complaint.**

4. OUR OBLIGATIONS UNDER THIS NOTICE

We are required by law to maintain the privacy of protected health information, provide you with a notice of our legal duties and privacy practices with respect to your health information, abide by the terms of this notice, notify you if we are unable to agree to a requested restriction on how information is used or disclosed, and accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

We reserve the right to change our information practices and make the new provisions effective for all protected health information we maintain. The revised notice will be made available to you in the event it is revised.

CONTACT INFORMATION:

If you have any questions or comments, please contact our HIPAA Compliance Officers at (609) 655-1818.