

## Blue Ridge Bone & Joint Clinic, P.A.

### PF-1000 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. THIS NOTICE IS REQUIRED UNDER FEDERAL MANDATE OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

#### Uses and Disclosures

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests, X-rays and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by our physicians and medical staff.

**Payment.** Your health information may be used to seek payment from your health plan, or from other sources of coverage such as an automobile insurer. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health care operations.** Your health information may be used as necessary to support the day-to-day activities and management of Blue Ridge Bone & Joint. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Appointment reminders.** Your health information may be used or disclosed to provide a reminder to you about an upcoming appointment.

**Treatment Options.** Your health information may be used to send you information regarding new treatment or management options for your medical condition.

**Workers Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

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## **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information (Blue Ridge Bone & Joint is not required to honor, and withholds the right to deny, any such request).
- the right to receive confidential communications concerning your medical condition and treatment
- the right to inspect and copy your protected health information
- the right to amend or submit corrections to your protected health information
- the right to receive an accounting of how and to whom your protected health information has been disclosed (such an accounting will not include disclosures for treatment, payment, health care operations and disclosures made based upon an authorization).
- the right to receive a printed copy of this notice

## **Blue Ridge Bone & Joint Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

## **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

## **Requests to Inspect Protected Health Information**

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our front office staff or our privacy officer. We may charge you a reasonable fee for copying and mailing of protected health information.

## **Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Judy Webster, Privacy Officer  
Blue Ridge Bone & Joint  
129 McDowell Street  
Asheville, NC 28801

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You may also send a written complaint to the U.S. Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

## **Contact Person**

The name and address of the person you can contact for further information concerning our privacy practices is:

Judy Webster, Privacy Officer  
Blue Ridge Bone & Joint  
129 McDowell Street  
Asheville, NC 28801  
(828) 258-8800

**Effective Date: This Notice is effective on or after April 14, 2003.**

**PF-2000 Acknowledgement of Receipt of Notice of Privacy Practices**

Blue Ridge Bone & Joint reserves the right to modify the privacy practices outlined in the notice.

**Signature**

I have received a copy of the Notice of Privacy Practices for Blue Ridge Bone & Joint.

\_\_\_\_\_  
*Name of Patient (Print)*

\_\_\_\_\_  
*Signature of Patient*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Patient Representative*

\_\_\_\_\_  
*Relationship to Patient*

(Required if the patient is a minor or an adult who is unable to sign this form.)