

## RECONSTRUCTIVE ORTHOPEDICS, P.A.

### HIPAA NOTICE OF PRIVACY PRACTICES

Original Effective Date: April 14, 2003

Update Effective Date: August 1, 2011

**THIS NOTICE DESCRIBES HOW MEDICAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION  
*PLEASE REVIEW IT CAREFULLY***

This HIPAA Notice of Privacy Practices (“HIPAA Notice”) is provided to you by Reconstructive Orthopedics, P.A. (“we” “us” “the Practice”) pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”), as amended. It is designed to tell you how we may, under federal law, use or disclose your Protected Health Information.

#### **Who/What is covered by this HIPAA Notice?**

This HIPAA Notice covers all of our activities, programs, employees, volunteers, medical residents, and members of our staff and allied health professionals. The information contained in the record of your medical care generated by us is referred to as Protected Health Information. This HIPAA Notice applies to all Protected Health Information about you that is maintained by us, including such information that is maintained in paper or electronic form, or spoken. This includes records of your care maintained by us, whether created by our employees, your physician, consulting physicians, or others covered by this HIPAA Notice. Covered Entity also participates in a health information exchange network called “the Virtua HIE”, and this HIPAA Notice describes how authorized health care providers, including the Practice, may use and disclose your Protected Health Information electronically through the HIE. Our receptionist will provide you with an informational brochure about the Virtua HIE and you can get additional information on the Virtua HIE by visiting [www.virtua.org/HIE](http://www.virtua.org/HIE).

#### **How We May Use or Disclose Your Protected Health Information**

##### Federal and State Law Implications

HIPAA is a federal law, which places limitations on how health care providers and others can use and disclose Protected Health Information. At times, State or federal laws may afford more protection of your Protected Health Information or provide additional patient rights that exceed those under HIPAA. Some examples of categories of information that are afforded such additional protections under New Jersey law include HIV/AIDS; Venereal Diseases; Genetic testing; Drug and Alcohol Treatment facility records; Mental Health facility records; and Minors who independently consent to medical treatment in accordance with State law. In these and all other applicable cases, we will abide by the most stringent of the regulations as they pertain to Protected Health Information, including obtaining your prior written authorization, as required, before any such information is disclosed to a third party. These restrictions also apply to us when sharing any such special categories of information through the Virtua HIE.

##### Uses and Disclosures Under HIPAA

1.) **We May Use or Disclose Your Protected Health Information for Purposes of Treatment, Payment, or Healthcare Operations without Obtaining Your Prior Authorization. Here are some examples of each:**

*Treatment*

- Your Protected Health Information may be provided to physicians, nurses, medical technicians, office staff and others, for purposes of providing you with **medical treatment**, care and services. In certain instances, this includes disclosing your Protected Health Information to your doctors and other health care workers who are not a part of our staff and who do not work for, or at, the Practice.
- In addition, unless you “Opt-Out” as described below under “Your rights With Respect to Your Protected Health Information”, any authorized health care provider who agrees to participate in the Virtua HIE can also electronically access and use your Protected Health Information if needed to provide **treatment** to you. For instance, if you receive a blood test from one provider in the Virtua HIE network but then are treated by a different provider in the Virtua HIE, both of your treating providers can share your test result electronically through the secure Virtua HIE network, as long as they are otherwise authorized to do so. If you opt-out of the Virtua HIE, your Protected health Information will continue to be used in, accessed and released as needed to provide treatment to you, but will **NOT** be made electronically available for such purpose through the Virtua HIE.

*Payment*

- Our billing department will access Protected Health Information and send relevant information to your insurance companies and third party payers so that payment can be made for the services provided.

*Health Care Operations*

- We may access or send your information to our attorneys, accountants, or other personnel in the event that we need the information in order to address one of our own business functions.
- Protected Health Information will be provided to third party “business associates” that perform various activities and services (e.g., billing, transcription, operating and troubleshooting our health information technology) on behalf of our Practice. In such situations, we will have a written contract in place that restricts the ability of the business associate to use or disclose your Protected Health Information except in accordance with HIPAA’s requirements.

2.) **Protected Health Information May Also Be Used Without Prior Authorization Under the Following Circumstances:**

*To Notify and/or Communicate with your Family* - Unless you inform us of your objection in writing, we will use or disclose your Protected Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your condition or of your death. We may also discuss your health care with your family and to the extent that they are involved in your care with your friends. If

you are unable or unavailable to agree or object to our discussing these matters with your family and/or friends, our health professionals will use their judgment as to whether any communications with your family or others involved in your care are necessary and/or appropriate.

*As Required by Law* – Protected Health Information will be used and disclosed to the extent that such use or disclosure is required by law. Examples of just a few such requirements are: communicable disease reporting, incidence of cancer, burns, seizures, gun shots, abuse, organ donations, product recalls, product failures, birth/deaths and/or birth defects. Examples of just a few of the authorities/agencies to which Protected Health Information may be disclosed include: New Jersey Department of Health and Senior Services, the Division of Motor Vehicles, Local and/or State Police, the Medical Examiner and County Prosecutor, the Perinatal Co-operative, Organ Procurement Agencies, the Drug Enforcement Administration, the Ombudsman, the Office of Civil Rights, the Centers for Medicare and Medicaid Services and/or Peer Review Organizations.

*For Public Health Purpose* – Protected Health Information will be provided to local, state or federal public health authorities, as authorized or required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

*For Health Oversight Activities* – Protected Health Information will be used and disclosed to health agencies during the course of audits, investigation, surveys, accreditation, certification and other proceedings.

*In Response to Subpoenas or for Judicial and Administrative Proceedings* - In general, Protected Health Information may be used and disclosed in the course of an administrative or judicial proceeding. However, in certain instances you will be made aware of the use or disclosure of your protect health information prior to its release.

*To Law Enforcement Personnel* – Protected Health Information will be used and disclosed to law enforcement officials to identify or locate a suspect, fugitive, material witness or missing person, or, in some cases, to comply with a court order or subpoena and for other law enforcement purposes.

*To Coroners or Funeral Directors* - Protected Health Information may be disclosed for purposes of communicating to organizers involved in procuring, banking or transplanting organs and tissues.

*For Research* - Protected Health Information may be used and disclosed to researchers if an Institutional Review Board has approved the waiver of an Authorization and certain other assurances are met.

*For Public Safety* – Protected Health Information will be used and disclosed in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

*To Aid Specialized Government Functions* – Protected Health Information may be used and disclosed for military or national security purposes. Protected Health Information of patients who are armed forces personnel may be used and disclosed: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. Protected Health Information may be used and disclosed to authorized federal officials for conducting national security and intelligence activities.

*For Worker's Compensation* – Protected Health Information may be used and disclosed as necessary to comply with worker's compensation laws.

*To Correctional Institutions or Law Enforcement Officials* – If you are an inmate, Protected Health Information may be disclosed to the correctional institution or law enforcement officials.

*Health Information Exchange (HIE)* – our Practice and other health care providers participate in the Virtua HIE that allows patient information to be shared electronically. The Virtua HIE gives your health care providers who participate in the Virtua HIE immediate electronic access to your pertinent medical information necessary for **treatment**, payment and operations. If you do not opt-out of the Virtua HIE, your information will be available through the Virtua HIE to your authorized participating providers in accordance with this Notice of Privacy Practices and the law. If you opt-out of the Virtua HIE, your Protected Health Information will continue to be used in accordance with this HIPAA Notice and the law, but will **NOT** be made electronically available through the Virtua HIE.

- 3.) **Required Uses and Disclosures:** Under the law, disclosures must be made to you, upon your request (unless medically contraindicated) and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with HIPAA.
- 4.) **For All Other Circumstances, We May Only Use or Disclose Your Protected Health Information After You Have Signed an Authorization.** If you authorize us to use or disclose your Protected Health Information for another purpose, you may revoke your Authorization in writing at any time. However, the revocation will not be effective to the extent that we have taken action in reliance on the use or disclosure allowed by the Authorization.

5.) **We May Also Use or Disclose Your Protected Health Information for the Following Purpose:**

*Appointment/Program Reminders* – To contact you with appointment reminders or to provide information on other treatments or health-related benefits and services that may be of interest to you. We will use or disclose your Protected Health Information to communicate with you about our programs and services including diseases management, health promotion, preventive care, and wellness programs.

*Change of Ownership* – In the event that our Practice is sold or merged with another organization, your Protected Health Information will become the property of the new Owner.

### Your Rights with Respect to Your Protected Health Information

- 1.) You have the right to request restrictions on the uses and disclosures of your Protected Health Information. This means you may ask us not to use or disclose any part of your Protected Health Information for treatment, payment or healthcare operations. Any such requests for restrictions must be in writing, be addressed to the Practice and state the specific restriction requested and to whom you want the restriction to apply. However, we are not required to comply with your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purpose and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full.
- 2.) With regard to the Virtua HIE only, if you do not wish to allow otherwise authorized doctors, nurses and other clinicians involved in your care to electronically share your Protected Health Information with one another through the Virtua HIE as explained in the HIPAA Notice, you can complete, sign and submit the Virtua HIE Opt-Out form to us, or by fax or mail as instructed on that form, and any Opt-Out selection that you make will be honored. The Virtua HIE Opt-Out form can be obtained directly from any of your providers participating in the Virtua HIE, or you can download the form from [www.virtua.org/HIE](http://www.virtua.org/HIE) or call 1-888-VIRTUA-3. Although opting out of the Virtua HIE will prevent your information from being shared electronically through the Virtua HIE, it will not impact how your information is otherwise typically accessed and released in accordance with this HIPAA Notice and the law.
- 3.) You have to right to request your Protected Health Information be received by you through **confidential** means. However, we may condition this accommodation by asking you for information as to how payment will be handled or a specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Your request must be in writing, be addressed to the Practice and state the specific alternate means or location.
- 4.) You have the right to inspect and **obtain a copy** of your Protected Health Information, unless such access is determined to be medically contraindicated. If such information is maintained in an Electronic Health Record (EHR), your access rights include the right to a copy in an electronic format. Covered Entity will charge you a reasonable fee for the copying of paper records, and in the case of a request for an electronic copy of your Protected Health Information maintained in an EHR (or a summary or explanation of such information); we may charge you the amount of our labor in responding to your request. Your right to inspect and obtain a copy of your Protected Health Information extends only to your Protected Health Information contained in the Designated Record Set our Practice maintains for you. A “Designated Record Set” is the HIPAA term for medical and billing records and any other records that we use for making health care decisions about you.
- 5.) You have a right to request that we amend the Protected Health Information contained in your Designated Record Set if you believe it is incorrect or incomplete. However, we are not required to make any such amendments. If we deny a request, we will provide you with information about our denial and explain how you can disagree with the denial by filing a statement of disagreement with us. We may then prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. All of these documents will be placed in the appropriate part

of your Designated Record Set. If you are requesting that we amend your records because you believe that you are a victim of medical identity theft, we will use reasonable efforts to assist you in making corrections to your record which are determined to be appropriate under the circumstances.

- 6.) You have a right to receive an accounting of disclosures of your Protected Health Plan Information made by us, except that we do not have to account for disclosures: Made prior to April 14, 2003; authorized by you; made for treatment, payment, health care operations (unless such disclosures are made through an EHR, in which case an additional accounting may be provided to you in accordance with applicable law); provided in response to an Authorization; made in order to notify and communicate with family; for certain government functions, and/or disclosures provided to you, to name a few. The right to receive an accounting is subject to exceptions, restrictions and limitations.
- 7.) You have a right to a paper copy of this HIPAA Notice of Privacy Practices upon request, even if you have agreed to accept the HIPAA Notice electronically.
- 8.) If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Patient Representative or the Privacy Officer.

#### **Our Duties to You**

We are required by law to maintain the privacy of your Protected Health Information and to provide you with a copy of this HIPAA Notice.

We are also required to abide by the terms of this HIPAA Notice.

We reserve the right to amend this HIPAA Notice at any time in the future and to make the new HIPAA Notice provisions applicable to all your Protected Health Information – even if it was created prior to the change in the HIPAA Notice. If such amendment is made, we will immediately display the revised HIPAA Notice at our office, and on our Web Site at [www.reconstructiveortho.com](http://www.reconstructiveortho.com). We will also provide you with a copy, at any time, upon request.

#### **How You Complain to the Government About our Privacy Practices**

You may make complaints to the Office of Civil Rights (OCR) for the New Jersey region if you believe your rights have been violated. You may contact OCR at:

Office for Civil Rights  
Jacob Javits Federal Building  
26 Federal Plaza – Suite 3312  
New York, NY 10278  
(212)264-2355 or Toll Free: 1 (877) 696-6775

We promise not to retaliate against you for any complaint you make to a governmental agency pertaining to our privacy practices.

How You May Contact us About our Privacy Practices

You may contact us about our privacy practices by calling the Privacy Officer at 609-267-9400.

How You May Obtain an Electronic Copy of this Joint Notice

This HIPAA Notice of Privacy Practices is also available on our Web page at [www.reconstructiveortho.com](http://www.reconstructiveortho.com) .