

NOTICE OF HEALTH INFORMATION 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.

What Is This Notice and Why Is It Important?

This notice is required by law to inform you about your rights regarding your health information, how Northshore Orthopedic & Sports Medicine Center (NSO) may use or disclose your health information, and how your health information will be protected. If you have any questions about this notice, please contact the Privacy Officer at NSO at 704-658-1050.

Understanding Your Health Information

Each time you visit NSO, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination, test results, diagnosis, treatment and treatment plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documentation of the care you receive
- Means by which you or a third-party payer (e.g., health insurance company) can verify that services you received were appropriately billed
- Data source for authorized medical research and public health activities
- Source of data for planning facilities, informing you about health care services, and fundraising
- Tool for educating health professionals
- Tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you ensure its accuracy, better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your medical and billing records kept by NSO.

- *Obtain a copy* of this Notice of Health Information Privacy Practices upon request for your records.
- *Authorize use of your health information.* Before we use or disclose your health information, other than as described herein, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- *Access your health information.* You may request a copy of the health information that NSO keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of copying your record.
- *Amend your health information.* If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and must include the reason for the request. This written request should be addressed to the Privacy Officer at Northshore Orthopedic & Sports Medicine Center.
- *Request confidential communications.* You may request that when we communicate with you about your health information, we do so in a specific way. We will make every reasonable effort to act in accordance with your request.
- *Limit our disclosure of your health information.* You may request in writing that we restrict the use or disclosure of your health information for treatment, payment health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.
- *Receive an accounting of disclosures.* You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or health care operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge upon request, but may charge for subsequent lists in the same year.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates provide this notice about our privacy practices and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting our services, performing necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke such authorization at any time, which would limit future disclosures. A revocation would not affect any disclosures that have already been made with your permission.

Examples of Uses and Disclosures for Treatment, Payment and Health Care Operations

We will use your health information to facilitate your medical treatment.

For example: Information obtained by a nurse, physician or other members of your health care team will be recorded in your record and used to determine the course of your medical treatment. Your provider may document in your record his or her expectations of other members of your health care team. Members of your health care team may then record the actions they take and their observations. Other health care providers involved in your care (e.g. specialists, consulting physicians, anesthesiologists, therapists, etc) may be provided with reports to assist them in treating you.

We will use health information to collect payment for health care services that we provide.

For example: A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures performed and supplies used. In some cases, information from your medical record may be sent to your insurance company to explain the need for treatment or provide additional information about your treatment.

Public health; we may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Averting serious threats to health or safety; we may disclose your health information when necessary to prevent a serious threat to your health or safety or to the health or safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health or safety of other individuals.

Law Enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court or administrative order.

Food and Drug Administration (FDA): We may disclose to the GDA your health information relating to adverse events with respect to food, medications, supplements, health care products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Medical Device Manufacturers: *If a medical device is implanted or used for life-support functions, we may disclose your information as required by law to the manufacturer for tracking purposes. You may refuse to authorize the disclosure.*

Business Associates: *Some services in our practice are provided by business associates; examples are: IT support vendors, EMR vendor support, PM support vendors. When these services are provided by contracted business associates, they may have access to your protected health information to perform their job; however, they are all bound by a confidentiality agreement verifying that they will appropriately and legally safeguard your information.*

Special Situations

Military and Veterans

National Security and Intelligence Activities

Protective Services for the President and Others

Regulatory Oversight

In any of the above stated special circumstances we may disclose your health information to authorized Federal, Legal or Governmental Authorities as dictated by law to the appropriate authority.

For More Information or to Report a Problem

If you have questions, would like additional information, believe that we have not properly protected your privacy, or have violated your privacy or your privacy rights, you may contact the Privacy Officer at Northshore Orthopedic & Sports Medicine Center at: Privacy Officer @ Northshore Orthopedic, 124 Welton Way, Mooresville, NC 28117 or via phone at 704-658-1050.