

Effective date of policy: April 14, 2003

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. If you have any questions about this notice, please contact our Privacy Office department at 614.839.3275.

Who We Are

Welcome to OrthoNeuro, a Multi-Specialty Center of Excellence specializing in the diagnosis, treatment, rehabilitation and prevention of musculoskeletal and neurological disorders.

Founded more than 60 years ago, OrthoNeuro was the first private physician group in central Ohio to provide a multi-disciplinary center of board-certified physicians specializing in orthopedic surgery, neurology, neurosurgery, pain management and physical medicine and rehabilitation.

We are a team of professionals comprised of registered nurses, medical assistants, rehabilitation professionals, x-ray technicians, administrative staff and board-certified or board-eligible physicians specializing in all aspects of musculoskeletal and neurological care.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. PHI 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.

We are required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices informing you of our legal duties and our privacy practices regarding your PHI. We are required to abide by the terms of our Notice of Privacy Practices (“Notice”).

1. How We Will Use and Disclose Your Protected Health Information

Your physician and our office will use or disclose your PHI as described in this Section 1. You will be asked to sign the attached acknowledgement form stating that you were provided with this Notice. The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. In this Notice, the word “use” means to review, consult, read, update, and study your PHI so that we can provide health care to you to assure that we are caring for you in the best way that we can and to perform other activities permitted or required by law. The word “disclose” in this Notice means that we are providing your PHI to someone outside of our practice so that he or she can provide care for you, understand your health condition in order to explain it to you, learn more about your particular health condition or so that we can get paid for providing health care to you and to perform other activities permitted or required by law. These are the activities where we may use and disclose your PHI:

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you. For example, your PHI 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. We may also disclose your PHI to another physician or health care provider, such as a specialist or laboratory, who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; and undertaking utilization review activities. For example, obtaining approval for a hospital stay or surgical or diagnostic procedure may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose your PHI, as needed, 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 PHI to medical school students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Business Associates: We will share your PHI with third party "business associates" that perform various activities, such as billing and transcription services, for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify or who accompanies you to an appointment, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also disclose your PHI to a family member or someone else who helps pay for your health care treatment. If you do not want us to disclose your PHI to family members, relatives or close friends, please tell us and we will honor your request unless we determine that it is not in your best interest to do so.

Treatment Alternatives and Health-Related Benefits: We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities.

Marketing and Fund-Raising. We may use and/or disclose your PHI for marketing or fund-raising purposes. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you or to contact you as part of a fund-raising effort.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may use or disclose your PHI to treat you.

Communication Barriers: We may use or disclose your PHI to a third party if we have significant difficulty communicating with you. We will attempt to obtain your consent for treatment prior to using another person to assist us in communicating with you and if that is not possible we will obtain your consent as soon after providing treatment as possible.

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted or required by law to collect or receive the information. The disclosure will be made for reasons such as controlling disease, injury or disability. We may also disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies requiring this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Messages and Reminders: Unless you object, we may use or disclose your PHI, as necessary, to contact you or remind you of an appointment and/or to leave that information on an answering machine, on voice mail, or with someone who answers your phone. We may also use or disclose your PHI, as necessary, to contact you or remind you, by mail or by phone, that you have cancelled, rescheduled or moved your appointment with an OrthoNeuro provider.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your PHI to the governmental entity or agency authorized to receive such information, if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure made will be consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance. Such disclosures will be made to the extent required by law.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose PHI, as long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include activities, such as: (1) legal processes and activities required by law, (2) information requests for identification and location purposes, (3) activities pertaining to victims of a crime, (4) activities related to a suspicious death, (5) activities related to a crime or potential crime that occurred on the premises, and (6) medical emergencies (not on the practice's premises) when it is likely that a crime has occurred.

Coroners, Funeral Directors and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may also disclose PHI in reasonable anticipation of death or for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that your PHI is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (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 foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and to the Secretary of the Department of Health and Human Services, when requested, to investigate or determine our compliance with the requirements of federal privacy laws.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by the written authorization. Please understand that we are not able to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

2. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You Have the Right to Inspect and Copy Your Protected Health Information. This means, with certain limitations and exceptions, that you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and other records that your physician and the practice uses for making decisions about you. All requests to inspect or copy PHI must be made in writing on the form provided by our office. Please call our Privacy Contact if you have questions or need additional information about access to or copying your medical record.

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 PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If your physician believes it is in your best interest, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restrictions you wish to request with your physician. You may request a restriction by designating that restriction in writing on the form provided by our office.

You Have the Right to Request to Receive Confidential Communications from Us by Alternative Means or at an Alternative Location. This means that you may request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. If you specify an alternate address or another method of contacting you, we may ask you for information as to how payment/billing will be handled. We will not request an explanation from you as to the basis for the request. Please make this request in writing on the form provided by our office.

You May Have the Right to Have Your Physician Amend Your Protected Health Information. This means you may request an addition or a change of your PHI in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. 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. We will provide you with a copy of any such rebuttal. Please call our Privacy Contact if you have questions about amending your medical record. You may submit a request for a restriction in writing on the form provided by our office or in any written format that clearly states the specific restriction and to whom you want the restriction to apply.

You Have the Right to Receive an Accounting of Certain Disclosures We Have Made, if Any, of Your Protected Health Information. An accounting is a list of certain disclosures we made of your PHI that were **not** related to treatment, payment, health care operations, or any of the other routine uses or disclosures described in this Notice, were not required by law, and for which you did not sign an authorization. The right to receive this information is subject to certain exceptions, restrictions and limitations. If you wish to request an accounting, you must do so in writing on the form provided by our office.

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.

3. Complaints

You may complain to us or to the Secretary of the United States Department 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 of your complaint. Please submit your complaint to us in writing on the form provided by our office.

To file a complaint with the Secretary of the United States Department of Health and Human Services, send a letter to: Region V, Office for Civil Rights, United States Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, Illinois 60601, voice phone 312.886.2359, facsimile 312.886.1807, TDD 312.353.5693 or an email to: HHS.Mail@hhs.gov. All complaints to the Secretary must be submitted in writing and must be received within 180 days of the incident or event being complained about. **You will not be penalized for filing a complaint.**

You may reach our Privacy Contact, **Michael B. Cannone, D.O. at 614.890.6555** for further information about the complaint process.

4. Changes to This Notice

We reserve the right to change our privacy practices and to make the new provisions effective for all PHI we maintain including any information we create or receive about you in the future. Should our privacy practices change, we will post the revised Notice of Privacy Practices in our offices and on our website, which you can access at www.orthoneuro1.com. You may receive a paper copy of the revised Notice of Privacy Practices by calling our office and requesting it.

5. Privacy Office

You may contact the privacy office at: OrthoNeuro Phone: 614.839.3275
70 S. Cleveland Avenue Fax: 614.823.7075
Westerville, OH 43081