

## Examples of Disclosures for Treatment, Payment and Health Operations

### *We will use your health information for treatment*

**For example:** Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine your course of treatment that should work best for you. Your provider will document in your record his or her recommendations. Members of your health care team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment.

We will also provide the physician that referred you and/or that you identified with copies of various reports that should assist him or her in treating you once you are discharged from our care.

### *We will use your health information for payment*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill will often include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### *We will use your health information for our regular health operations.*

**For example:** Physicians in this practice, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement committee may use information in your health record to access the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include services provided by physicians in an emergency department or radiology center, certain laboratory tests, and copy services we used when making copies of your health record. When these services are contracted, we may disclose your PHI to our business associates so they can perform the job we have asked them to do and bill you or your third-party payer for their services rendered. To protect your health information, however, we will require the business associate to appropriately safeguard your information, through a business associate agreement.

**Notification:** We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, health information relevant to that person's involvement in your care or payment related to your care. Patient communication is provided both electronically or in written form, i.e. voicemail, email, U.S.mail, etc. We may also contact you to provide appointment reminders.

**Research:** We may disclose information 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 health information.

**Marketing:** We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Workers Compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law Enforcement:** We may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Federal Law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

# NOTICE OF PRIVACY PRACTICES



#### Raleigh Location

3001 Edwards Mill Road  
Raleigh, NC 27612

#### Cary Location

222 Ashville Avenue #20  
Cary, NC 27518

#### Garner Location

1325 Timber Drive East  
Garner, NC 27529

#### North Raleigh Location

10880 Durant Road #300  
Raleigh, NC 27614

#### EXOS@ Raleigh Orthopaedic Raleigh Location

2400 Sumner Blvd. #120  
Raleigh, NC 27616

#### Raleigh Orthopaedic Cary Performance Center

1823 NW Maynard Rd.  
Cary, NC 27513

# NOTICE OF PRIVACY PRACTICES FOR RALEIGH ORTHOPAEDIC CLINIC & THERAPY SERVICES

Required by the Privacy Regulations  
created as a result of the Health  
Information Portability and Accountability  
Act (HIPAA). Effective April 14, 2003.  
Revised August 14, 2013.

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.

## Introduction

Our practice has always been dedicated to maintaining the privacy of your medical record, now referred to as, Protected Health Information (PHI). We at Raleigh Orthopaedic Clinic & Therapy Services (later referred to as ROC/ ROTS) have and will continue to maintain the privacy of your PHI. As part of caring for you, we will create records regarding you and the treatment and services you receive. Effective April 14, 2003, we are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with a notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By Federal and State Law, we must follow the terms of the Notice of Privacy Policies that we have in effect at the time.

## Uses and Disclosure of PHI

Each time you visit ROC / ROTS a record of your visit is made. Typically, this record contains your symptoms, examination and any test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,

- Legal document describing the care you received,
- Means by which you or a third-party payer can receive a bill for the services we provided and for which they were billed,
- A tool to help educate our staff,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of our community, state and nation, and
- A tool with which we can assess our performance and the care we render and the outcomes we achieve.
- Your PHI may also be used as a source of data for our planning and marketing. This will require your written authorization.

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

## Your Health Information Rights

As in the past your health record is the physical property of ROC / ROTS, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices.
- Inspect and obtain a copy of your health record in paper or electronic format. Contact Medical Records to request a copy of your medical record by calling 919-863-6879.
- Amend your health record by contacting your physician's administrative assistant.
- Obtain an accounting of disclosures of your health information.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information. We are not required to agree with the request. If we agree to a restriction we will honor it except for emergency treatment.
- Request to restrict disclosure of information to a health plan if you pay out of pocket, in full, at the time of service, unless otherwise required by law.
- Receive notification of any breach of your protected health information.
- Revoke your authorization to use or disclose health information except to the extent action has already been taken.

## Our Responsibilities

Raleigh Orthopaedic Clinic & Raleigh Orthopaedic Therapy Services is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice, and
- Notify you if we are unable to agree to a requested restriction

We reserve the right to change this notice and to make the new provisions effective for all protected health information we maintain. Should our information practices change, the current notice will be posted and include the effective date.

We will not use or disclose your PHI without your authorization, except as described in this notice. We will also discontinue to use or disclose your PHI after we have received a written revocation of the authorization according to the procedures included in the authorization.

## For More information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer at 919-781-5600 ext. 6870 or email at [hipaa@raleighortho.com](mailto:hipaa@raleighortho.com). This policy is also available on our web site at [www.raleighortho.com](http://www.raleighortho.com).

If you believe your privacy rights have been violated, you can file a notice with the Practice's Privacy Officer, or with the Office of Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*  
US Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, DC 20201