

# DENALI ORTHOPEDIC SURGERY, P.C.

## 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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

### Right to Revise Privacy Practices

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### Uses and Disclosures

The following categories describe the different ways we may use and disclose “protected health information” or “PHI” for treatment, payment, or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within a category.

*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 and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a physician that we referred you to, or to a physician that referred you, to us. This is so that the other physician may treat you or have knowledge of your on-going care.

*Payment.* Your health information may be used to bill and collect payment for the services provided to you, from your health plan, from other sources of coverage such as an automobile insurer or from worker’s compensation companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. We may also ask for payment approval from your health plan before we provide care or services. We may also disclose PHI to find out if your health plan will cover the cost of care and services we provide (i.e. surgeries). We may also disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

*Health Care Operations.* Your health information may be used as necessary to support the day-to-day activities and management of **Denali Orthopedic Surgery, P.C.** For example, information on the services you received may be used to review and improve the quality, efficiency and cost of care that we provide to our patients; review the competence or qualifications of healthcare professionals; conducting training programs; resolving grievances within our practice; reviewing our activities and using or disclosing PHI in the event we sell our practice to someone else or combine with another practice; and certification or licensing activities.

*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. We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect.

*Public Health Reporting.* Your health information may be disclosed to public health agencies as required by law. For example, we are required to report child abuse or neglect; certain communicable diseases to the state's public health department; and to report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

*Health Oversight Activities.* We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the healthcare system, government health care programs, and compliance with certain laws.

*Lawsuits and Other Legal Proceedings.* We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

*Specialized Government Functions: Under certain circumstances we may disclose PHI:*

- For certain military and veteran activities, including determination of eligibility for veterans for veterans benefits and where deemed necessary by military command authorities.
- For national security and intelligence activities.
- For the health and safety of inmates and others, at correctional institutions or other law enforcement custodial situations, or for the general safety and health related to corrections facilities.

*Required By HIPAA Privacy Rule.* We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

## **Additional Uses of Information**

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*Appointment reminders.* Your health information will be used by our staff to send you appointment reminders. In addition, we may leave a message on an answering device, with a family member, a roommate or other contact person, through the phone number listed on your patient information sheet.

*Information about treatments.* Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

*To Your Family & Friends.* We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare, or with payment for your healthcare, but only if you agree that we may do so.

*Persons Involved In Care.* We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.

**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.

## **Patient Rights**

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

- **Right to Request Restrictions:** You have the right to request restrictions on the use and disclosure of your PHI that we may use for treatment, payment, and healthcare operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. You may also request that any part of your PHI not be disclosed to family members or friends who may or may not be involved in your care. We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in case of an emergency. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include the information you want restricted, how you want to restrict the information and to whom you want the restrictions to apply to.
- **Right to Receive Confidential Communications:** You have the right to request that you receive confidential communications concerning your medical condition and treatment. For example, you may request that we contact you at work rather than at home. You must make your request in writing to our Privacy Officer. You must specify how you would like to be contacted (for example, by regular mail to your office not your home). We are required to accommodate reasonable requests.
- **Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of your PHI about you in certain records that we maintain. This includes your medical and billing records. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Officer. If you request a copy of your PHI, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.
- **Right to Amend:** You have the right to request we amend the PHI about you, as long as such information is kept by our office. To make this type of request, you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing, or you do not give us a reason for the request.

- **Right to Receive an Accounting of Disclosures:** You have the right to request an “accounting” of certain disclosures that we have made of your PHI. This list is a list of disclosures made by us, during a specified period of up to 6 years, other than disclosures made for treatment, payment, and healthcare operations. If you wish to make such a request, please contact our Privacy Officer.
- The right to receive a printed copy of this notice

### **Denali Orthopedic Surgery, P.C. Duties**

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We are required by law to maintain the privacy of your PHI 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.

### **Complaints**

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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:

**Jana Ray Privacy Officer/Practice Manager  
Denali Orthopedic Surgery, P.C.  
Mat-Su Regional Medical Plaza  
2490 S. Woodworth Loop, Suite 350  
Palmer, AK 99645**

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 will not be penalized or otherwise retaliated against for filing a complaint.

### **Contact Person**

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

**Jana Ray Privacy Officer/Practice Manager  
Denali Orthopedic Surgery, P.C.  
Mat-Su Regional Medical Plaza  
2490 S. Woodworth Loop, Suite 350  
Palmer, AK 99645  
(907) 745-2663**

### **Effective Date**

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This Notice is effective on or after April 14, 2003.