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**Notice of Privacy Practices**

**This notice describes how medical information about you may be used or disclosed,**

**and how you can get access to this information.**

***PLEASE REVIEW THIS NOTICE CAREFULLY***

**If you have any questions about this notice or if you need more information, please contact**

**Carlsbad Orthopaedic Group at**
**760.434.0033 or** **admin@carlsbad****orthopaedic.com**
**2777 Jefferson Street, Suite 100**

**Carlsbad, CA 92008**

**ABOUT THIS NOTICE**

We understand that your health information is personal and we are committed to protecting your identity. A record of your care is created in order to provide you with quality medical care. However, it may also be used for the following: payment, health care operations and compliance to certain legal requirements. This notice is to inform you how your records may be used and to whom they may be released. It also describes your patient rights and our legal obligation to keep private any medical information that may identify you. All personnel at Carlsbad Orthopaedic Group must adhere to this privacy policy.

**WHAT IS PROTECTED HEALTH INFORMATION (“PHI”) AND WHAT IS HIPAA?**

**Protected health information** (**PHI**) under US law is any information about health status, provision of health care, or payment for health care that is created or collected by a "Covered Entity" (or a Business Associate of a Covered Entity), and can be linked to a specific individual.**.**

**Health Insurance Portability and Accountability Act (HIPAA)** is a law that states you have rights about the use of your individually identifiable health information. It states that only individuals with legitimate reason to access your records may use or disclose information. State and Federal Laws state that your PHI may be released to other healthcare providers without your written authorization if it is used directly for treatment, payment, healthcare operations, or for public purposes as permitted by state and federal laws. Any disclosures outside of those listed above, REQUIRE your written authorization.

**HOW WE MAY USE AND DISCLOSE YOUR PHI**

**•   Treatment.** We may use or disclose your PHI to provide you medical treatment or services. Your PHI may be provided to a referring physician or other health care providers to ensure that all of your healthcare providers have the necessary information to diagnose, treat, and/or provide you with a service.

**•   Payment.** We may use and disclose your PHI to ensure services you receive can be billed and payment can be collected from you, your health plan, or a third party. Your PHI may be disclosed to your health plan in order to make a determination of eligibility and coverage of your benefits. They may review services provided to you for medical necessity which may require utilization review.

**• Health Care Operations.** We may use and disclose your PHI for our health care business operations; a variety of internal reviews that are necessary to run our health care facility and to ensure the quality of the treatment you receive.

**• Appointment Reminders.** We may use and disclose PHI to contact you for appointment reminders.

**•   Minors**.  We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

**•   As Required by Law.** We will disclose your PHI when required to do so by international, federal, state, or local law.

**•   To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health, safety, or health and safety of others.  However, we will only disclose your PHI to those who are qualified to prevent such a threat.

**•   Workers’ Compensation.** We may use or disclose you PHI for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.

**•   Public Health Risks.** We may disclose PHI for public health activities. This includes disclosures: (1) To prevent or control disease, injury or disability; (2) to notify emergency response employees of possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws; (3) report births and deaths; (4) report the abuse or neglect of children, elders, and dependent adults; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and, (7) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**•   Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

**•   Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**•    Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

**•   Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute. This will only be done after efforts have been made to inform you of the request or after you have provided us with an order to protect the information. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.

**•    Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

**•   Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.

**•   Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they may carry out their duties.

**•   Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary; (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; and, (3) for the safety and security of the correctional institution.

**•   Uses and Disclosures**. 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 have given us a written authorization to release PHI, you may revoke it at any time by submitting a written revocation to our office.

Please submit all requests in writing to our Medical Records Department at:

2777 Jefferson Street, Suite 100 Carlsbad, CA 92008

 There may be a charge for transferring medical records.

If you have any questions regarding this notice or the HIPAA privacy policies,

please contact 760.434.0033 or email: admin@carlsbadorthopaedic.com

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**Your Rights Regarding Your PHI**

**You have the following rights, subject to certain limitations, regarding your PHI:**

**•    Inspect and Copy.** You have the right to inspect and/or obtain a copy of your medical information, including labs or test results. **You may only direct us in writing to submit your PHI to a third party not covered in this notice.**  We may deny your request in certain limited circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request.

**•   Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.

**•  Request Amendments.**If you feel the PHI we have generated is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us. A request for amendment must be made in writing and you must provide a reason that supports your request. You may submit your request to the address provided in this notice. We may deny your request as authorized by law. In the case we deny your request, you have the right to file a statement of disagreement.

**• Accounting of Disclosures.**You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of your PHI. Your request must be submitted in writing to our office and must specify a time period which may not be longer than six years, and may not include dates prior to April 14, 2003. The first list you request within a 12-month period will be free. However, for additional requests, we may charge you for the costs of providing you with another list.

**•   Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request. To request restrictions, you must make your request in writing to our office. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.

**•   Request Confidential Communications.**You have the right to request that we communicate with you in a certain way, i.e. (mail, home phone, cell phone, etc.). You must make any such request in writing and you must specify how or where we are to contact you.

**•   Paper Copy of This Notice.** You have the right to a paper copy of this Notice upon request. You may request a copy at any time. If you have agreed to an electronic copy of this notice, you are still entitled to a paper copy at any time. You may obtain a copy of this notice on our website www.carlsbadorthopaedic.com.

**•  Changes to This Notice.** We reserve the right to change this notice at any time. A change to this notice will be effective for all medical information we maintain, including medical information we already have as well as any information we receive in the future. A copy of our current Notice is located on our website.

**•   Complaints.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above or with the Secretary of the U.S. Department of Health and Human Services.

**ACKNOWLEDGMENT OF RECEIPT OF**

**PATIENT NOTICE OF PRIVACY PRACTICES/PATIENT RIGHTS**

I acknowledge that I have read and/or received a copy of the **Carlsbad Orthopaedic Group** Patient Notice of Privacy Practices effective September 23, 2013.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guardian, if applicable)

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