



**NOTICE OF PRIVACY PRACTICES**  
**(Effective 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.**

The United States Congress has passed the Health Insurance Portability and Accountability Act. We are required by law to provide you with this Notice of our legal duties and the privacy practices that we maintain in our office concerning your health information. We are required by law to maintain the confidentiality of health information that identifies you. By law, we must follow the terms of the Notice that we have in effect at the time.

Our office is dedicated to maintaining the privacy of your protected health information. In conducting our business we will create records regarding you and the services and treatments you receive from us. This notice applies to all the records of your care generated by this health care practice, whether made by the physician or others working in this office. Our privacy policies and procedures have long been in practice to protect our patients' confidentiality. These policies and procedures as outlined in this Notice will continue to be monitored and may change when appropriate. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

- A. **Uses and Disclosures.** The following categories describe different ways we use and disclose health information. These categories are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.
1. **Treatment.** Our office will use and disclose your health information to treat you. Individuals within our office may use or disclose your health information in order to provide, coordinate, and manage your medical care and any related services. This includes the use or disclosure of your health information to aid in the coordination or management of your medical care with a third party. For example, your health information may be provided to a physician to whom you have been referred to, to ensure that the physician has the necessary information to diagnose or treat you.
  2. **Payment.** Your health information will be used or disclosed, as needed, to allow us to obtain payment for health care services provided to you. This may include disclosure to your health insurance plan or carrier as they undertake certain activities before approving or paying for medical services. Such activities include making a determination of eligibility or coverage for insurance benefits, reviewing service provided to you for medical necessity, and undertaking utilization review activities. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly for services and items.
  3. **Health Care Operations.** We may use or disclose, as needed, your health information to operate our business. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, licensing, and conducting or arranging for other business activities.
  4. **Others Involved in Your Healthcare.** We may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care or who has responsibility for payment of our health care. We may also use or disclose your health information to notify or assist in notifying a relative or any person responsible for your care, of your location, general condition or death. In addition, we may use or disclose your health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating the above uses and disclosures to your family or other individuals involved in your health care.

HIPPA NOTICE OF PRIVACY PRACTICES  
Nebraska Orthopaedic and Sports Medicine, P.C.

5. **Other.**

- a. **Appointment Reminders.** We may use or disclose your health information, as necessary, to contact you to schedule or remind you of an appointment, including leaving messages on your answering machine.
- b. **Business Associates.** We will share your health information with third party “business associates” that perform various activities on our behalf such as billing or transcription services. Whenever an arrangement between our office and another organization involves the use of disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information.
- c. **Mailings.** We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the service we offer. We may also send you information about products or services we believe may be beneficial to you.

B. **Uses and Disclosures Allowed or Required by Law.** We may use or disclose your health information in the following situations as allowed or required by law:

1. **Required By Law.** We may use or disclose your health information when we are required to do so by federal, state or local law.
2. **Public Health Risks/Threat to Health or Safety.** We may disclose your health information to a public health authority when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
3. **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These activities are necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
4. **Abuse or Neglect.** We may disclose health information to a public health authority that is authorized by law to receive reports of a child abuse or neglect. In addition, we may disclose your health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
5. **Legal Proceedings.** We may disclose health information 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), and in certain conditions, in response to a subpoena, discovery request or other lawful process.
6. **Law Enforcement.** We may disclose health information, so long as applicable legal requirements are met, to law enforcement officials, for law enforcement purposes. These law enforcement purposes include, but are not limited to, (1) legal processes and other proceedings required by law, (2) limited information requests for identification and location purposes, (3) requests pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on our premises, (6) medical emergency (not on our premises) and it is likely that a crime occurred.
7. **Coroners, Funeral Directors and Health Examiners.** We may disclose health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties.
8. **Research.** We may disclose your health information to researchers when their research has been approved by a privacy board or an institutional review board.
9. **Military.** Our office may disclose your health information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. **National Security.** Our office may disclose your health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
12. **Workers' Compensation.** Your health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.

**C. Your Rights Regarding your Health Information**

You have the following rights regarding the health information we maintain about you.

1. **Requesting Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. *We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.* If we do agree, we will comply with your request except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request such a restriction, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our office's use, disclosure or both; (c) to whom you want the limits to apply.
2. **Confidential Communication.** You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our office will accommodate reasonable requests. We will not ask you the reason for your request.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your health information. Our office may charge a fee for costs of copying, mailing, labor and supplies associated with your request. Our office may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our office will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of your health information kept by or for our office; (c) not part of the health information which you would be permitted to inspect or copy; or (d) not created by our office, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described. To request a list of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For your additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our Notice. You may ask

HIPPA NOTICE OF PRIVACY PRACTICES  
Nebraska Orthopaedic and Sports Medicine, P.C.

us to give you a copy of this notice at any time. To obtain a paper copy of this Notice, contact our front desk or Privacy Officer.

**Changes to this Notice:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page at the top, the effective date. In addition, each time you register for treatment or health services, we will have copies of the current notice in effect available.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer. All complaints must be submitted in writing. *You will not be penalized or retaliated against for filing a complaint.*

**Other Uses of Health Information:**

Our office will obtain written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. In addition, an authorization may be requested for uses and disclosures that are identified in this Notice. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your health information for the reason described in the authorization. Please note, we are required to retain records of your care.

**Privacy Officer Contact Information:**

If you have any questions about this Notice, you may contact our Privacy Officer by telephone, facsimile, or mail at the address below. If, however, you want to exercise any of your rights pursuant to this Notice of Privacy Practices or have a complaint, such action must be in writing and faxed or mailed to our Privacy Officer at the address set forth below.

**Nebraska Orthopaedic and Sports Medicine, P.C.**  
**Attn: Privacy Officer**  
**St. Elizabeth Medical Plaza**  
**575 S. 70<sup>th</sup> Street, Suite 200**  
**Lincoln, NE 68510**  
**Phone: (402) 488-3322**  
**Fax: (402) 488-1172**

**Acknowledgement of Receipt of this Notice:**

We will request that you sign a separate notice acknowledging you were given the opportunity and/or have received a copy of this notice. This acknowledgement will be filed with your records.