



## NOTICE OF PRIVACY PRACTICES

The notice of privacy practices is required by the Privacy Regulations created as a result of Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice describes how health information about you or your legal dependent (as a patient of this practice) may be used and disclosed, and how you can access to your individually identifiable health information.

### **Please Review This Notice Carefully**

#### **1. Our commitment to your privacy**

Our Practice is dedicated to maintaining the privacy of your Individually Identifiable Health Information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By state and Federal law, we must follow the terms of the notice of privacy that we have in effect at the time. The Notice became effective April 24, 2009.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

The privacy practices described in this Notice will be followed by:

- A. Any healthcare professional authorized to enter information into your medical record created and/or maintained at our office;
- B. All employees, students, residents, and other service providers who have access to your health information at our office;

The individuals identified above will share your health information with each other for purposes of treatment, payment and healthcare operations, as further described in the Notice.

**2. If you have questions about this Notice, please contact:**

The Privacy Officer

Danelle Olson, Compliance Officer  
OrthoAlaska, LLC.  
3801 Lake Otis Parkway  
Anchorage, Alaska 99508  
(907) 644-5331 direct line  
dolson@opaak.com

**3. We may use and disclose your IIHI in the following ways:**

The following categories describe the different ways in which we may use and disclose your IIHI.

**Treatment.** Our practice may use your IIHI to provide you with healthcare treatment and services. Many of the people who work for our practice—including but not limited to, our doctors and nurses—may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other healthcare providers for purposes related to your treatment. For example we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you.

**Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such service costs, such as family members. Also, we may use your IIHI to bill you directly for service and items. We may disclose your IIHI to other healthcare providers and entities to assist in their billing and collection efforts.

**Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. As examples of the way in which we may use and disclose your information for operations, our practice may use your IIHI to evaluate the quality of care you receive from us, training of medical personnel, licensure and accreditation, audits by regulatory agencies or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other healthcare providers and entities to assist in their healthcare operations.

**Special Uses.** Our practice may use your demographic information (name, dates of treatment, address) for our fundraising activities. If you do not want to receive these materials, please contact our Privacy Officer and request that these materials are not sent to you.

**Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

**Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

**Health-Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

**Release of Information to Family / Friends.** Our practice may release your IIHI to a friend or

family member that is involved in your care, who assists in taking care of you, or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is in the room.

#### 4. Use and disclosure of your IIHI in certain special circumstances

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**As Required by Law.** Our practice may disclose your health information when required by state, Federal, or local law to do so. For example, we are required by the Department of Health and Human Services (HHS) to disclose your health information in order to allow HHS to evaluate whether we are in compliance with the Federal privacy regulations.

**Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate governmental agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

**Disaster Relief.** Our practice may disclose healthcare information about you to an entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status, and location.

**Incidental Disclosures.** Certain incidental disclosures of your healthcare information may occur as a by-product of lawful and permitted use and disclosures of your healthcare information. For example, a visitor may overhear a discussion about your care at the check-in desk. These incidental disclosures are permitted if we apply reasonable safeguards to protect the confidentiality of your healthcare information.

**Limited Data Set Information.** Our practice may disclose limited healthcare information to third parties for purposes of research, public health and healthcare operations. Before disclosing this information, we must enter into an agreement with the recipient of the information that limits who may use or receive the data and requires the recipient to agree not to re-identify the data or contact you. The recipient of your information is required to have appropriate safeguards to prevent the inappropriate use or disclosure of your information.

**Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government

programs, compliance with civil rights laws and the healthcare system in general.

**Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Workers' Compensation.** Our practice may release your IIHI for workers' compensation and similar programs when your health condition arises out of a work-related illness or injury.

**Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
- Concerning a death we believe has resulted from criminal conduct.
- Regarding criminal conduct at our office.
- In response to a warrant, summons, court order, subpoena or similar legal process.
- To identify/locate a suspect, material witness, fugitive or missing person.
- In an emergency, to report a crime (including the location or victim[s] of the crime, or the description, identity or location of the perpetrator).

**Deceased Patients.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**Organ and Tissue Donation.** Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

**Serious Threats to Health or Safety.** Our practice may use and disclose your IIHI 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. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military.** Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**National Security.** Our practice may disclose your IIHI to Federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to Federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**Inmates.** Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare 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.

## 5. Your Rights Regarding Your IIHI

You have the following rights regarding the IIHI that we maintain about you:

**Right to Request Confidential Communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, 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 at OrthoAlaska, LLC, 3801 Lake Otis Parkway, Anchorage, Alaska 99508 specifying the

requested method of contact and/or the location where you wish to be contacted. Our practice will accommodate *reasonable* requests. You do not need to give a reason for your request.

**Right to Request Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI 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; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to the Privacy Officer, OrthoAlaska, LLC, 3801 Lake Otis Parkway, Anchorage, Alaska, 99508. Your request must describe in a clear and concise fashion:

- the information you wish restricted;
- whether you are requesting to limit our practice's use, disclosure or both; and
- to whom you want the limits to apply.

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of the IIHI 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, OrthoAlaska, LLC, 3801 Lake Otis Parkway, Anchorage, Alaska 99508 in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

**Right to Amend.** 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 practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, OrthoAlaska, LLC, 3801 Lake Otis Parkway, Anchorage, Alaska 99508. You must provide us with a reason that supports your request for amendment. Our practice 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 correct; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**Right to an Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented (for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer, OrthoAlaska, LLC, 3801 Lake Otis Parkway, Anchorage, Alaska 99508. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, please contact the Privacy Officer, OrthoAlaska, LLC, 3801 Lake Otis Parkway, Anchorage, Alaska 99508.

**Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note we are required to retain records of your care.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services at:

**Office for Civil Rights**  
U.S. Department of Health and Human Services  
2201 Sixth Avenue - M/S: RX-11  
Seattle, WA 98121-1831

To file a complaint with our practice, contact: Privacy Officer, OrthoAlaska, LLC, 3801 Lake Otis Parkway, Anchorage, Alaska 99508. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

If you have any questions regarding this notice or our health information privacy policies, please contact:

The Privacy Officer

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