

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!

This Notice was most recently revised on April 1, 2015, and it replaces all previous versions. This Notice remains in effect until this office replaces it. The health and billing records we maintain are the physical property of this office.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. This Notice tells you about the ways we may use and share your Protected Health Information. It also describes your rights and certain duties we have regarding the use and disclosure of your Protected Health Information. Protected Health Information is the information that individually identifies you and that we create or get from you or from another health care provider, a health plan, a public health authority, your employer, life insurer, school or university, or a health care clearing house and that relates to (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care. We need this information to provide you with quality care and to comply with certain legal requirements.

OUR LEGAL DUTY

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice of our legal duties and our privacy practices with respect to Protected Health Information. We are also required by law to notify you following a breach of unsecured Protected Health Information. You have certain rights regarding the privacy of your Protected Health Information, and this Notice also explains your rights. We are required to abide by the terms of the current version of this Notice.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we may use and disclose Protected Health Information.

For Treatment

We may use and disclose Protected Health Information to provide you with medical treatment or services and to manage and coordinate your medical care. For example, we may disclose your Protected Health Information to doctors, nurses, technicians, or other people who are taking care of you. We may also share medical information about you to your other healthcare providers to assist them in treating you. An example of use of your Protected Health Information for treatment purposes is:

- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

For Payment

We may use and disclose Protected Health Information so that we or others can bill for the treatment and services you get from us and can collect payment from you, from an insurance company, or from another third party. An example of use of your health information for payment purposes is:

- We submit requests for payment to your health insurance company. The health insurance company or business associate, helping us obtain payment, requests information from us regarding your medical care, and we may give them Protected Health Information in response to that request.

For Healthcare Operations

We may use and disclose your Protected Health Information for our healthcare operations. This might include, for example, measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the certificates, licenses, and credentials we need to serve you. Examples of the use of your information for health care operations are:

- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.
- We may share information about you as permitted by law with other health care providers with whom we are clinically and/or operationally integrated to measure and improve the quality of the care and services that we and they provide.

Additional Uses and Disclosures

In addition to using and disclosing your Protected Health Information for treatment, payment, and health care operations, we may use and disclose Protected Health Information for the following purposes:

Patient Contact

We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Minors

We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Personal Representatives

If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your Protected Health Information.

Research

We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an institutional review board or a privacy board that reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual.

As Required By Law

We will use Protected Health Information about you 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 Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But, we will only disclose the information to someone who may be able to help prevent the threat.

Business Associates

We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your Protected Health Information.

Organ and Tissue Donation

If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release Protected Health Information as required by military command authorities. We also may release Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation

We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury, or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and you agree to the disclosure or we are required or authorized by law to make that disclosure.

Health Oversight Activities

We may disclose Protected Health Information 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

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your Protected Health Information.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if reasonable efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves if you sue us.

Law Enforcement

We may release Protected Health Information if asked by a law enforcement official to do so if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; or (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors

We may release Protected Health Information to a coroner, medical examiner, or funeral director so that they can 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 Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

We may also use and disclose your Protected Health Information in the following instances, but before we do so we will give you the opportunity to agree or to object and opt out of the use or disclosure whenever we practicably can do so. If you are not present or if you are not able to agree or object to the use or disclosure of the Protected Health Information, then we may, using professional judgment, determine whether the disclosure is in your best interest.

Individuals Involved in Your Care or Payment for Your Care. We may disclose Protected Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or to notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Fundraising Communications. We may contact you for fundraising purposes, but you have the right to opt out of getting such communications.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. uses and disclosures of Protected Health Information not otherwise covered by this Notice or by the laws that apply to us;
2. uses and disclosures for marketing purposes;
3. most uses and disclosures of psychotherapy notes; and
4. uses and disclosures that constitute a sale of your Protected Health Information.

If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of Protected Health Information. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

Right to Inspect and Copy

You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. You do not have a right to inspect or copy psychotherapy notes.

To inspect and copy this Health Information, you must make your request, in writing, to our Privacy Officer at the address provided at the end of this Notice. We have up to 30 days to make your Protected Health Information available to you, although in some circumstances we may get an extension of an additional 30 days if we give you written notice of the reasons for the delay. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do 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, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. You must make your request in writing and it must be signed by you and must clearly identify the person or entity you designate to receive the information and where to send the copy of the Protected Health Information. We will make every effort to provide access to your Protected Health Information in the form or format you request if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Security Breach

We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after we discover the breach. "Unsecured Protected Health Information" is Protected Health Information that has not been made unusable, unreadable, and undecipherable to unauthorized users.

The notice will give you (1) a short description of what happened, the date of the breach, and the date it was discovered; (2) the steps you should take to protect yourself from potential harm from the breach; (3) the steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and (4) contact information where you can ask questions and get additional information.

If the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on our website or in major print or broadcast media.

Right to Request Amendments

If you feel that the Protected Health Information we have 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 or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the end of this Notice and it must tell us the reason for your request. We may deny your request if it is not in writing or does not

include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (2) is accurate and complete. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.

Right to an Accounting of Disclosures

You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your Protected Health Information. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (unless the disclosures were made through an electronic medical record, in which case you have the right to request an accounting of those disclosures that were made during the 3 years before your request), (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you.

You must submit your request in writing to our Privacy Officer at the address provided at the end of this Notice. Your request must state a time period which may not be longer than 6 years before your request. Your request should indicate in what form you would like the accounting (for example, on paper or by e-mail). The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you have the right to request that we not disclose information about a particular diagnosis or treatment to your spouse.

To request a restriction, you must submit your request in writing to our Privacy Officer at the address provided at the end of this Notice. We are not required to agree to your request (with the exception of requests for restrictions described in the section below on “Out-of-Pocket-Payments”), but if we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Restrictions Related to Out-of-Pocket-Payments

You have the right to ask us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operations purposes if the information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full, in which case we will honor your request.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters only in certain ways or at certain locations to preserve your privacy. For example, you may ask that we contact you by mail at a special address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You can get a copy of this Notice at our website: <http://www.hughston.com>.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, signed by you, to our Privacy Officer at the address listed at the end of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your physician directly. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, would like additional information, or want to report a problem regarding the handling of your Protected Health Information, please contact our Privacy Officer, Dina Mills, by telephone at (615) 366-1177, or by mail to Hughston Clinic Orthopaedics, 1321 Murfreesboro Road, Suite 510, Nashville, Tennessee 37217.

Additionally, if you believe your privacy rights have been violated, you may also submit a written complaint to any physician or member of management at Hughston Clinic Orthopaedics, and/or to the U.S. Department of Health and Human Services. The address, telephone numbers, and fax number to file your complaint with the Department of Health and Human Services involving health care providers (including this office) located in Tennessee is:

Region IV, Office for Civil Rights	Voice Phone: (404) 562-7886
U.S. Department of Health and Human Services	Fax: (404) 562-7881
Atlanta Federal Center, Suite 3B70	TDD: (404) 331-2867
61 Forsyth Street, SW	
Atlanta, GA 30303-8909	

For information about filing a complaint electronically with the Department of Health and Human Services, go to the following website:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

We may not and will not retaliate against you in any way if you choose to file a complaint. We may not and will not require you to waive the right to file a complaint with the U.S. Department of Health and Human Services as a condition of receiving treatment.