

UNIVERSITY ORTHOPEDICS, INC.

NOTICE OF PRIVACY PRACTICES

It is our goal to provide our patients with the best medical care and maintain the highest standards of excellence throughout our practice to accomplish this.

The intent of this notice is to describe the information we have about our patients and how it may be used and disclosed. It also explains how this information may be accessed by the patient. Please review this information carefully.

At University Orthopedics, Inc., we are committed to treating and using protected health information about our patients responsibly. This Notice of Health Information Practices describes the personal information we collect, how and when we use this information. This notice is effective 4/14/03 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING HEALTH RECORD/INFORMATION

Each visit made by each patient at University Orthopedics, Inc., results in a record of the appointment. Typically, this record consists of the patient's symptoms, examination and test results, diagnoses, treatment and plan for future treatment or care. This information is referred to as a health or medical record and serves as a:

- Basis for planning treatment or care
- Means of communicating among the many health professionals who contribute to a patient's care
- Legal documentation outlining the care received
- Means by which services provided can be verified by the patient or a third-party payer
- A tool in educating healthcare professionals
- A source of data for medical research
- An information source for public health officials charged with improving the health of the citizens of this state and this nation
- A source of data for our planning and marketing
- A basis of information we use to assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in each patient's medical record and how the health information is used helps each of us to: insure its accuracy, better understand who, what, when, where and why others may access health information and make informed decisions authorizing disclosures.

Health Information Rights

Although our health records are the property of University Orthopedics, Inc., the information belongs to the patient. The patient has the right to:

- Obtain a notice of information practices upon request.
- Inspect a copy of their health record as provided by RI Gen. Laws 5-37-22
- Request to amend their medical record
- Obtain an accounting of disclosures of their health information, except those provided by law. [RI Gen. Laws 5-37.3-4(a).]
- Request communications of your health information by alternative means or alternative locations.
- Request a restriction on certain uses and disclosures of your information.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Responsibilities of University Orthopedics Inc.

We are required to:

- Maintain the privacy of patient health information
- Provide each patient with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about them.
- Abide by the terms of this notice.
- Notify the patient if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Any change to this notice will be posted and dated immediately. A copy of the revised Notice of Practice Policies will be available upon request. We will not use or disclose health information without patient authorization, except as described in this notice. We will discontinue to use or disclose health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For more information or to report a problem:

If you have questions or would like additional information, you may contact the practice's Privacy Officer:

Mary Selmanie Spurr
2 Dudley Street, Suite 200
Providence, Rhode Island 02905
401-457-1506

If a patient believes their privacy rights have been violated, they can file a complaint with the practice's Privacy Officer or the Office of Civil Rights. We, at University Orthopedics, respectfully acknowledge privacy rights and there will be no retaliation for filing a complaint.

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use a patient's health information for treatment. Information obtained by a nurse practitioner, physician's assistant, physician or other member of our healthcare team will be recorded in the patient's record and used to determine the course of treatment that should result in optimum results. The physician will document in the patient's record his or her expectations of the members of the patient's healthcare team. These members will then record the actions they took and their observations. This will then enable the physician to know how a patient is responding to treatment.

We will also provide a patient's physician or subsequent healthcare provider with copies of reports that should assist him or her in treating the patient upon discharge from this practice.

We will use health information for payment.

For example: A bill may be sent to a patient or a third-party payer. The bill may include or be accompanied by information that identifies the patient, as well as the diagnosis, procedures and supplies used.

We will use a patient's health information for regular health operations.

Any members of the medical staff, the risk or quality improvement teams may use information in the patient's healthcare record to assess the care and outcomes of a case or similar cases. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates

We may make contractual arrangements with outside vendors to provide services necessary to the operations of our organization. Examples include physician services in the emergency room, radiology, laboratory tests, insurance companies and medical supplies vendors. It may be necessary to disclose all or part of a patient's health record to allow these Business Associates to perform the job we need them to do. To protect the patient's health information, we require ALL Business Associates to sign a contract acknowledging their responsibility in safeguarding the Protected Health Information of our patients.

Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for the care of a patient or for the payment related to the patient's care.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the proposal and establish protocols to ensure the privacy of patients' healthcare information.

Mailings/Marketing

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

Denial of Access to Patient Information

University Orthopedics reserves the right to deny access to patient information if, in the physician's professional judgment:

- The patient's access may endanger the life or safety of the patient or another person.
- The information makes reference to another person who is not a healthcare provider and that the access requested is reasonably likely to cause substantial harm to that person.
- The request for access is made by a patient representative and the provision of access to that representative is reasonably likely to cause substantial harm to the patient or another person.