

WORCESTER COUNTY ORTHOPEDICS

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Worcester County Orthopedics' Notice of Privacy Practices. This notice describes how Worcester County Orthopedics may use and and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Signature of Patient or Patient Representative

Date

Relationship to Patient

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW WORCESTER COUNTY ORTHOPEDICS MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Worcester County Orthopedics is required by law to maintain the privacy of your protected health information (PHI). This information consists of all records related to your health, including demographic information, either created by Worcester County Orthopedics or received by Worcester County Orthopedics from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your PHI. These legal duties and privacy practices are described in this notice. Worcester County Orthopedics will abide by the terms of this notice. We reserve the right to change the terms of this notice and to make any new provisions effective for all PHI that we maintain. Patients will be provided a copy of any revised notices upon request. An individual may obtain a copy of the current notice from our office at any time.

USES AND DISCLOSURES OF YOUR PHI THAT DO NOT REQUIRE YOUR CONSENT

Worcester County Orthopedics may use and disclose your PHI, without your written consent or authorization, for certain treatment, payment and healthcare operations.

TREATMENT MAY INCLUDE:

- Providing, coordinating or managing healthcare and related services by one or more healthcare providers
- Consultations between healthcare providers concerning a patient
- Referrals to other providers for treatment
- Referrals to nursing homes or home health agencies

PAYMENT ACTIVITIES MAY INCLUDE:

- Activities undertaken by Worcester County Orthopedics to obtain reimbursement for services provided to you
- Determining your eligibility for benefits or health insurance coverage
- Managing claims and contacting your insurance company regarding payment
- Collection activities to obtain payment for services provided to you
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under health plan, appropriateness of care, or justification of charges
- Obtaining pre-certification and/or pre-authorization of services to be provided to you

HEALTHCARE OPERATIONS MAY INCLUDE:

- Contacting healthcare providers and patients with information about treatment alternatives
- Conducting quality assessment and improvement activities
- Conducting or arranging for medical review, legal services and auditing functions

WORKERS' COMPENSATION:

- We may release medical information about you for worker's compensation or similar programs

We may not disclose your PHI to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Worcester County Orthopedics is permitted or required to use or disclose your PHI without your consent or authorization. Examples include the following:

- **AS PERMITTED OR REQUIRED BY LAW:**

In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime.

- **FOR PUBLIC HEALTH ACTIVITIES:**

We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure.