

- Was not created by BROCC, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by BROCC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures," which is a list of the disclosures made of your medical information. To request this list you must submit your request in writing. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. BROCC 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.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information BROCC uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information BROCC discloses about you to someone who is involved in your care or the payment for your care. BROCC is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which BROCC has been paid out of pocket in full and: (i) the restriction pertains to payment or a healthcare operation and (ii) the disclosure is not otherwise required by law. Should BROCC agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment. To request

restrictions you must make your request in writing to BROCC. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit BROCCs use and/or disclosure; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that BROCC communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that BROCC contact you only at work or by mail. To request that BROCC communicate in a certain manner, you must make your request in writing. You do not have to state a reason for your request. BROCC will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Revoke an Authorization. There are certain types of uses or disclosures that require your express authorization. For example, BROCC may not sell your information to a third party for marketing purposes without first obtaining your authorization. If you provide authorization for a particular use or disclosure of your medical information, you may revoke such authorization in writing. We will honor your revocation except to the extent that we have already taken action in reliance of the specific authorization.

Breach Notification. It is the policy of BROCC, as required by law, to maintain the privacy of a patient's PHI and to provide the patient with a copy of our legal duties and privacy practices relating to their PHI. If there is a breach (an inappropriate use or disclosure of the patient's PHI that the law requires to be reported) the Clinic must notify the patient of said breach.

Right to Receive a Copy of this Document. You have a right to obtain a paper copy of this document upon request.

BROCC will not use any PHI for Marketing or Fundraising activities.

CHANGES TO THIS NOTICE

BROCC reserves the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with BROCC or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with BROCC, contact the Privacy Officer at 225-924-2424.

Revised 9/2013

Original Effective Date: 4/2003

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed by Baton Rouge Orthopaedic Clinic (BROCC) and describes how you can get access to this information. **Please review it carefully.**

If you have any questions about this Notice, please contact our Privacy Officer.

Your protected health information (PHI) is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services. Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations, and for other purposes that are permitted or required by law.

The Methods in Which We May Use and Disclose Medical Information about You

The Clinic collects PHI from the patient and stores it in an account file, i.e. the patient's medical record. The medical record is the property of the Clinic, but the information in the medical record belongs to the patient. The Clinic protects the privacy of the patient's PHI. In accordance with Clinic policy, PHI may not be used or disclosed unless it meets one of the following conditions:

For Treatment. We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.

1. **For Payment.** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.
2. **For Health Care Operations.** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run BROC in an efficient manner and provide that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.

Other Uses and Disclosures of your Protected Health Information

1. **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, BROC may provide telephone reminder that your appointment is approaching.
2. **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process by an institutional review board.

3. **As Required by Law.** We will disclose medical information about you when required by federal or Louisiana laws or regulations.
4. **Public Health Risks.** As required by law, we may disclose a patient's PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
5. **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure.
6. **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner when authorized by law (e.g., to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
7. **Organ and Tissue Donation.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.
8. **Legal Proceedings.** We may disclose you PHI 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), in response to a subpoena, discovery request or other lawful purpose.

9. **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official in response to a court order or subpoena; or if BROC determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you. We may also disclose PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, and/or for any other law enforcement purposes.
10. **Military and National Security.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.
11. **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
12. **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
13. **Business Associates.** We may share your PHI with third party "business associates" that perform various activities for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms and will protect the privacy of your information.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information collected and maintained about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this information includes medical and billing records. You may request an electronic or paper version of your medical records.

BROC may deny your request to inspect and copy information in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by BROC will review your request and the denial. The person conducting the review will not be the person who denied your request. BROC will comply with the outcome of the review.

A copy of your medical records can be requested from BROC's Medical Records Department.

Right to Amend. If you feel that medical information maintained about you is incorrect or incomplete, you may ask BROC to amend the information. You have the right to request an amendment for as long as the information is kept by BROC. To request an amendment, your request must be made in writing and submitted to BROC. In addition, you must provide a reason that supports your request. BROC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, BROC may deny your request if you ask us to amend information that: