



Summary of
HIPAA NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003
Revised August 2, 2016

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.

A full version (7 pages) of this Privacy Notice is available to you at the front desk of our locations.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information. We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of our notice at any time and to make the new notice provisions effective for all protected health information that we maintain. In the event that we make a material revision to the terms of our notice, a revised notice will be made available to you within 60-days of such revision. If you should have any questions or require further information, please contact our Privacy Officer, Pat Weicker at (260) 408-2308.

How We May Use or Disclose Your Health Information

The following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time.

Treatment: We may use or disclose your health information to provide you with medical treatment or services. For example, information obtained by a provider providing health care services to you will record such information in your record and that record may be shared with other providers involved in your care. In the course of your treatment, health care communications between ONE workforce members and others related to your healthcare may be overheard or seen by non-workforce members in our office. ONE will make their best efforts to keep your health information as private as possible.

Consent : Under IC16-39-5-1 and CFR §164.504(c)1-5) as a provider of healthcare services ONE has the right to access (obtain) your health records, which include any information used for treatment, payment or health care operations. This information would include past medical history, medication history, current or past providers records and any other information needed to treat or bill for patient services. This consent includes any related health or demographic information needed for ONE healthcare operations. This consent allows for ONE to release such health records to other healthcare providers for the continuation of your healthcare services or billing efforts.

Payment: We may use or disclose your health information in order for services you receive at our office to be paid by your insurance carrier. For example, we may disclose appropriate information for reimbursement, collection or payment purposes.

Health Care Operations: We may use or disclose your health information for health care operations. Health care operations include, but not limited to, quality assessment and improvement activities, underwriting, premium rating, management and general administrative activities. For example, members of our quality improvement team may use information in your health record to assess the quality of care that you receive and determine how to continually improve the quality and effectiveness of the services we provide.

Business Associates: There may be instances where services are provided to our office through contracts with third party "business associates". Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate (BA) to attest that they follow the same high standards of safeguarding your privacy that we require of our own employees and affiliates. BA's are subject to the same fines and penalties as ONE for non-compliance.

Required by Law: We will disclose medical information about you when required to do so by federal, state or local law.

Communication with Family or Friends: Our professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. The office may also disclose your condition to family or friends who accompany you to our offices. Other communications may be an email to verify entrance or access to our secured "Patient Information Portal," or to send other non-protected information to you such as information on products or services at ONE that may be of interest to you.

Messages: ONE may send appointment reminders, emergency messages, and other information about the practice that may interest you, by e-mail or text messaging.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information to a coroner or medical examiner. We may also disclose medical information to funeral directors consistent with applicable law to carry out their duties.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

To Avert a Serious Threat to Health or Safety: Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans: If you are a member of the armed forces, we may disclose health information about you as required by military command.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.

Protective Services for the President, National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

Law Enforcement: We may disclose health information when requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders; in emergency circumstances; or when required to do so by law.

Inmates: We may disclose health information about an inmate of a correctional institution or under the custody of a law enforcement official to the correctional institution or law enforcement official.

Marketing/Fundraising: For marketing activities the patient's authorization may or may not be needed. Examples of when a authorization for marketing is not required would be ONE communicating with you about a service or product we offer that may benefit you. An example of when ONE would need your authorization would be for a communication that is sent to an individual describing a product or service offered by an entity other than our medical practice like a pharmaceutical company, retail pharmacy, health clubs, and suppliers of unrelated medical services such as durable medical equipment and that we would receive remuneration for the communications. The first fundraising communications must contain the "opt out" option for the individual to not receive further fundraising communications. ONE will always respect your rights under our Marketing policy.

Authorizations: Authorization is required for most uses and disclosures of psychotherapy notes; for most marketing purposes; and for disclosures that constitute a sale of PHI not included in the sale of ONE. Other uses and disclosures not noted in this Notice of Privacy will require an authorization.

Your Rights Regarding Your Health Information

The following describes your rights regarding the health information we maintain about you. To exercise your rights, you must submit your request in writing to our Privacy Officer at 5050 North Clinton, Fort Wayne, IN 46825.

Right to Receive a Notice of Privacy Practices (NPP). You have the right to know how ONE uses and discloses your PHI. ONE offer's this notice at your first visit, any time you request it, or if there are material changes to this notice.

Right to a Notification of Breach. If a breach of your privacy occurs at ONE or one of our Business Associates, under certain circumstances ONE is obligated to inform you of the breach. For instance, if your demographic information along with your social security number were accessed by someone outside of ONE and there was a possibility of identity theft, ONE would notify you immediately and assist you with monitoring your credit.

Right to Request Restrictions. You have the right to request that we restrict uses or disclosures of your health information to carry out treatment, payment, health care operations, or communications with family or friends. We are not required to agree to a restriction. You have the right to restrict us from filing with your insurance carrier any bill for services you paid us out-of-pocket.

Right to Receive Confidential Communications. You have the right to request that we send communications that contain your health information by alternative means or to alternative locations. We must accommodate your request if it is reasonable.

Right to Inspect and Copy. You have the right to inspect and copy health information that we maintain about you. If copies are requested or you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor and supply cost of copying; postage; and preparation cost of an explanation or summary, if such is requested. The cost for paper records is based on IC 16-39-9-4 and 760 IAC 1-71-3. To request a copy of your medical records you may call (260) 484-8551 and select the option "Release of Information. You may also request an electronic copy such as a disc or flash drive. For electronic copies the fee would be for the cost of the disc or flash drive. We may deny your request to inspect and copy in certain circumstances as defined by law. If you are denied access to your health information, you may request that the denial be reviewed. ONE has 30 day to provide your access, or if needed, and additional 30 days with notification to you.

Right to Amend. You have the right to have us amend your health information for as long as we maintain such information. Your written request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.

Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of disclosures of your health information made by us in the six years prior to the date the accounting is requested (or shorter period as requested). This does not include disclosures made to carry out treatment, payment and health care operations; disclosures made to you; communications with family and friends; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or disclosures made prior to the HIPAA compliance date of April 14, 2003. Your first request for accounting in any 12-month period shall be provided without charge. A reasonable, cost-based fee shall be imposed for each subsequent request for accounting within the same 12-month period.

Right to Obtain a Paper Copy. You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

How to File a Complaint if You Believe Your Privacy Rights Have Been Violated

If you believe that your privacy rights have been violated, please submit your complaint in writing to:

**Orthopaedics Northeast
Attn: Privacy Officer-ONE
5050 North Clinton
Fort Wayne, IN 46825**

You may also file a complaint with the Office of Civil Rights. You will not be retaliated against for filing a complaint.