

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**INTRODUCTION:**

At Orthopaedic Associates of West Florida (OAWF), we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policy describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

**Understanding Your Health Record/Information**

Each time you visit OAWF, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: Ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**YOUR HEALTH INFORMATION RIGHTS:**

Although your health record is the physical property of OAWF, the information belongs to you. Upon request you have the right to:

- Obtain a paper copy of this Privacy Policy,
- Inspect and copy your health record in accordance with OAWF policies and procedures,
- Amend your health record, according to OAWF procedures,

- Obtain an accounting of disclosures of your health information,
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**OUR RESPONSIBILITIES:**

OAWF is required to:

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

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make them available to you at your next appointment, or at your request we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue use or disclosure of your health information after we receive a written revocation of the authorization as described in the authorization.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If you have questions and would like additional information, you may contact the practice's Privacy Officer at (727) 461-6026. If you believe your privacy rights have been violated, you may file a complaint with OAWF's Privacy Officer, and/or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for OCR is listed below:

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

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:**

**We will use your health information for treatment.**

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him/her in treating you.

**We will use your health information for payment.**

For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

**We will use your health information for regular health operations.**

For example: Members of our group practice may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include certain laboratory tests, prosthetic and orthotic manufacturers, transcription services, and a copy service we use when making copies of your health record for authorized requests. When such services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information by signing a "business associate agreement."

**Students:** We may disclose your protected health information to medical school, radiology, and other healthcare students that may see patients at our offices.

**Directory:** Unless you notify us that you object, we may use your name outside the examination rooms for purposes of designating an examination room for your visit. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician.

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