

Plano Orthopedics & Sports Medicine Center

Notice of Privacy Practices

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.

Plano Orthopedics & Sports Medicine Center has adopted the following privacy policies.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory tests and procedures will be available in your medical records to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

Healthcare Operations. Your health information may be used as necessary to support the day-to-day activities and management of Plano Orthopedics. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations and to comply with government-mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and Disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

SIGNATURE NEEDED ON THIRD PAGE

Individual Rights

You have certain rights under the federal privacy standards. These include:

1. The right to request restrictions on the use and disclosure of your PHI.
2. The right to receive confidential communications concerning your medical condition and treatment.
3. The right to inspect and copy your PHI.
4. The right to amend or submit corrections to your PHI.
5. The right to receive an accounting of how and to whom your PHI has been disclosed.
6. The right to receive a printed copy of this notice.

Plano Orthopedics Duties

We are required by law to maintain the privacy of your PHI and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you do so by sending a letter outlining your concerns.

Acknowledgemnt Form

I acknowledge receipt of this Notice of Privacy Rights, which I have reviewed, and give my permission to Plano Orthopedics & Sports Medicine Center to use and disclose my health information in accordance with it.

Name of Patient

Signature of Patient

Date

Signature of Parent or Guardian

If you would like to indicate a child or spouse to *Discuss* medical information with our Doctors or Physician Assistant please indicate below.

Name

Relationship

Name

Relationship

Name

Relationship

This is not release of MEDICAL RECORDS.

There is a separate form you will need to fill out. Please ask for one if you would like to release you PHI to any other doctor or facility. You will be asked to fill one out if you request your records. The form is available on our website. www.posmc.com.

This authorization will expire in two (2) years from the above date unless written revocation is received.