



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Introduction**

This Notice of Privacy Practices describes the privacy practices of Beacon Orthopaedics & Sports Medicine, Ltd. and Beacon Orthopaedics Surgery Center, LLC (“Beacon” or “we”).

This Notice applies when services are provided within Beacon’s facilities, and/or when Beacon’s physicians are acting as part of one or more of the joint arrangements described below.

This Notice also:

- describes your rights and our obligations for using your health information,
- informs you about laws that provide special protections,
- explains how your protected health information is used and how, under certain circumstances, it may be disclosed and
- tells you how changes in this Notice will be made available to you.

We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices, and to follow the privacy practices that are described in this Notice.

### **Protected Health Information**

This Notice applies to health information – created or received by the physicians and staff at Beacon – that identifies you and that relates to your past, present or future physical or mental condition; the care provided; or the past, present or future payment for your health care. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services.

### **Use and Disclosure of Your Protected Health Information Without Your Authorization**

Here are some examples of how we may use and disclose protected health information without your authorization (a written document that gives us permission to share your health information).

***Treatment.*** We use and disclose your health information to provide treatment. For example:

- Your physician uses your information to find out whether certain tests, therapies, and medicines should be ordered and whether, and which, surgery should be performed.
- Nurses and other non-physician health care providers (physical therapists, for example) may need to know and/or discuss your health problems to care for you and to understand how to evaluate your response to treatment.
- We may disclose your health information to another one of your treatment providers.
- Physicians and hospitals in the Greater Cincinnati area exchange health information with one another through HealthBridge, a nonprofit organization that serves as a health care clearinghouse, in order to assure that data collected about the patient at a participating hospital or health care provider is provided to the patient's treating physician.

***Payment.*** We may use and disclose your health information for payment purposes. For example:

- We may use it to prepare claims for payment of services.
- If you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, the procedures performed, and supplies used so that we can be paid for the treatment provided.

***Health Care Operations.*** We may use and disclose your health information to carry out health care operations. For example, we use and disclose it to monitor and improve our health services. Also, authorized staff may look at portions of your record to perform administrative activities. We may also use a sign in sheet at the registration desk, as well as call you by name in the waiting room when your physician is ready to see you.

***Train Staff and Students.*** We may use and disclose your information to teach and train staff and students. One example of this is when teaching physicians review patient health information with medical and other health care studies students.

***Conduct Research.*** We may use and disclose your information for research. An Institutional Review Board (IRB) may review each request to use or disclose it. The IRB reviews research to make sure that the rights, safety, and welfare of research subjects and their information are protected. In some cases, your information might be used or disclosed for research without your consent. For example, we might look at medical charts to see if people who wear bicycle

helmets get fewer injuries. We might use some of your information to decide if we have enough patients to conduct an orthopaedic research study. We might include your information in a research database. In these cases, the IRB makes sure that using information without your authorization is justified. The IRB makes sure that steps are taken to limit its use. In all other cases, we must obtain your authorization to use or disclose your information for a research project. We may share information about you used for research with researchers at other institutions.

**Contact You for Information.** We may contact you by mail or telephone for the purpose of reminding you about an appointment, the need to change an appointment, return your phone call, provide test results, inform you about treatment options or advise you about other health-related benefits and services. We may leave a message at the number you provided to us.

**Joint Activities.** Your health information may be used and shared by Beacon and other health care providers in the Greater Cincinnati area to further their joint activities and with other individuals or organizations that engage in joint treatment, payment or health care operational activities with Beacon. Health information is shared when necessary to provide clinical care services, secure payment for clinical care services, and perform other joint health care operations such as peer review and quality improvement activities, and accreditation related activities.

**Business Associates.** Your health information may be used by Beacon and disclosed to individuals or organizations that assist Beacon or to comply with its legal obligations as described in this Notice. For example, we may disclose information to consultants who assist us in our business activities. These business associates must agree to protect the confidentiality of your information.

**Other Uses and Disclosures.** We also use and disclose your information to enhance health care services, protect patient safety, safeguard public health, ensure that our facilities and staff comply with government and accreditation standards, and when otherwise allowed by law. For example, we provide or disclose information:

- About FDA-regulated drugs and devices to the U.S. Food and Drug Administration.
- To government oversight agencies with data for health oversight activities such as auditing or licensure.
- To public health authorities with information on communicable diseases and vital records.

- To your employer, findings relating to the medical surveillance of the workplace or evaluation of work-related illnesses or injuries.
- To workers' compensation agencies and self-insured employers for work-related illness or injuries.
- To appropriate government agencies when we suspect abuse or neglect.
- To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
- To organ procurement organizations to coordinate organ donation activities.
- To law enforcement when required or allowed by law.
- For court order or lawful subpoena.
- To coroners, medical examiners and funeral directors.
- To government officials when required for specifically identified functions such as national security.
- When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information.
- 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 release medical information about foreign military personnel to the appropriate foreign military authority.
- If you are an inmate at a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official.

## **Use and Disclosure When You Have the Opportunity to Object**

***Disclosure to and Notification of Family, Friends or Others.*** Unless you object, your health care provider will use his or her professional judgment to provide relevant protected health information to your family member, friend or another person. This person would be someone that you indicate has an active interest in your care or the payment for your health care or who may need to notify others about your location, general condition or death.

***Disclosure for Disaster Relief Purposes.*** We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by law to assist in disaster relief efforts.

## **Use and Disclosure Requiring Your Authorization**

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. Uses and disclosures of your information for marketing purposes and disclosures that constitute a sale of your information also require your authorization. If you provide us with written authorization, you may revoke it at any time unless disclosure is required for us to obtain payment for services already provided or the law prohibits revocation. We cannot take back any uses or disclosures already made with said authorization.

## **Additional Protection of Your Protected Health Information**

Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

## **Your Individual Rights Regarding Protected Health Information**

You have rights related to the use and disclosure of your protected health information. To exercise any of the rights listed below, you may contact:

Privacy Officer  
Beacon Orthopaedics & Sports Medicine, Ltd.  
500 E Business Way, Suite A  
Cincinnati OH 45241  
Business Phone: (513) 354-3700

Your specific rights are listed below:

- ***The right to request restricted use:*** You may request, in writing, that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. In your request, you must tell us what information you want to restrict and to whom the restrictions apply.
- ***The right to request nondisclosure to health plans about items or services that are self-paid:*** You have the right to request, in writing, that health care items or services for which you paid out of pocket in full not be disclosed to your health plan.
- ***The right to receive confidential communications:*** You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request

confidential communications, you must make your request, in writing, to the address above. We will consider all reasonable requests. Your request must specify how or where you wish to be contacted.

- ***The right to inspect and receive copies:*** In most cases, you have the right to inspect and receive a copy of certain health care information including certain medical and billing records. You cannot receive your original records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in limited circumstances. If you are denied access to your protected health information, you may request that denial be reviewed. We have 30 days to process your request once we receive it.
- ***The right to request an amendment to your record:*** If you believe that information in your record is incorrect or that important information is missing, you have the right to request, in writing to the address listed above, that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record. You will be notified in writing of the staff's decision within 60 days of receiving your request.
- ***The right to know about disclosures for reasons other than treatment, payment, or health care operations:*** You have the right to receive a list (an accounting) of instances during the three year period preceding your request when we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment, or health care operations or when you have authorized the use or disclosure. These instances will appear on the list:
  - Where the disclosure occurred for reasons that are not permitted by the federal HIPAA Privacy Rule and where a formal notice to you of this disclosure is not otherwise required;
  - For public health activities (except to report child abuse or neglect);
  - For judicial and administrative proceedings or law enforcement;
  - To avert a serious threat to health or safety;
  - For military and veterans activities, the Department of State's suitability determinations, and government programs providing public benefits; and
  - For workers' compensation.

You may limit the accounting to a specific time period, type of disclosure, or recipient. Your first accounting of disclosures in a calendar year is free of charge. Any additional

request within the same calendar year requires a processing fee. We will provide you with the report within 60 days of receiving your request.

- ***The right to an access report.*** Beginning in January, 2013 (January, 2014 in certain circumstances), you may request a report that will show all uses and disclosures of your electronic protected health information that is stored in records we use to make decisions about your health care during the three year period preceding your request. (Records we maintain as part of quality assurance and peer review activities are not included.) We will provide the report in a form or format you request, if we can readily produce that form or format.

You may limit this access report to a specific date, time, period, or person. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee. We will provide you with the report within 60 days of receiving your request.

- ***The right to a paper copy of this Notice.*** You may ask to receive a copy of this notice at any time. You may obtain a copy from our web site, [www.beaconortho.com](http://www.beaconortho.com), or from the facility where you obtained treatment.
- ***The right to make complaints.*** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with the Beacon Privacy Officer using the contact information we listed above. We will not retaliate against anyone for filing a complaint.

You may also contact the U.S. Department of Health and Human Services Office for Civil Rights:

U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201  
Phone: 1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

## **Uses and Disclosures Inconsistent with Beacon Privacy Practices**

If your protected health information is used or disclosed in a manner that is not consistent with the practices described in this Notice, Beacon will notify you in writing of this breach.

## **Privacy Notice Changes**

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already

have as well as any information we may receive in the future. We will post a copy of the current Notice at our Beacon facilities. In addition, you may request a copy of this Notice from the Beacon Privacy Officer. An electronic version of the Notice is posted at <http://www.beaconortho.com>.

ATTENTION: If you speak the following foreign languages, language assistance services, free of charge, are available to you. Call 513-354-3700.

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 513-354-3700.

**繁體中文(Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 513-354-3700。

*Updated and effective as of March 2016; 11/29/2016*