



Tulsa - Midtown  
1809 E. 13th Street, Suite 100  
Tulsa, Oklahoma 74104

Phone: 918.582.6800  
Fax: 918.582.6060  
www.toctulsa.com

Tulsa - SouthCrest  
8803 S. 101st E. Ave., Suite 300  
Tulsa, Oklahoma 74133

Elliott Medical Plaza  
562 South Elliott  
Pryor, Oklahoma 74361

## NOTICE OF PRIVACY PRACTICES FOR THE ORTHOPAEDIC CENTER

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.

### I. DUTIES OF THE ORTHOPAEDIC CENTER

The Orthopaedic Center ("TOC") has prepared this explanation of how TOC is required to maintain the privacy of your health information and how your health information may be used and disclosed. TOC is required by law to maintain the privacy of your health information and to provide you with notice of TOC's legal duties and privacy practices with respect to your health information. TOC is required to abide by the terms of its Notice currently in effect. TOC reserves the right to change its privacy practices and terms of its Notice, in accordance with applicable law, at any time, and to make any such change effective for all protected health information that TOC maintains at the time of such change. If TOC changes its Notice, TOC will post the revised Notice on its website and you may request a written copy of the revised Notice from TOC.

### II. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

TOC may use your health information, information that constitutes protected health information, as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. TOC has established policies to guard against unnecessary disclosure of your protected health information.

#### **YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT YOUR AUTHORIZATION FOR THE FOLLOWING PURPOSES:**

**For Treatment.** TOC may use and disclose your protected health information to coordinate and manage your health care and related services within TOC and with others involved in your care. For example, this may include disclosing information to coordinate surgery or managing your care through a staff nurse or physical therapy provider.

**For Payment.** TOC may use or disclose your protected health information in order to obtain reimbursement for your medical care. For example, TOC may disclose your protected health information in a bill to your health insurer so that the insurer will reimburse you or TOC for the cost of the services provided.

**For Health Care Operations.** TOC may use or disclose your protected health information for health care operations, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. For example, TOC may use your protected health information to conduct an internal quality assessment review.

**For Appointment Reminders and Treatment Alternatives.** TOC may use and disclose your protected health information to contact you as a reminder that you have an appointment. TOC may also use and disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**To Persons Involved In Your Care.** TOC may use and disclose your protected health information to notify or assist in notification of a family member or close personal friend involved in your care of your location, condition or death, when directly relevant to such person's involvement with your care or payment related to your care, if you agree to such disclosure. If you are unable to agree because of either incapacity or an emergency situation, TOC may use or disclose your protected health information, that is directly relevant to your care, to a family member or close personal friend if TOC determines it is in your best interest to do so.

**As Required By Law.** TOC will disclose protected health information about you when required to do so by federal, state, or local law.

**For Public Health Activities.** TOC will disclose protected health information about you when needed to public health authorities authorized to collect such information, to a person who may have been exposed to a communicable disease, or to your employer in limited circumstances related to a work-related illness or injury or a workplace-related medical surveillance.

**To Report Abuse, Neglect or Domestic Violence.** TOC will disclose protected health information about you to a governmental authority to the extent required by law if TOC reasonably believes you are a victim of abuse, neglect, or domestic violence.

**For Health Oversight Activities.** TOC may disclose protected health information to a health oversight center for oversight activities authorized by law including, but not limited to, audits and civil or criminal investigations. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**For Lawsuits and Administrative Proceedings.** If you are involved in a lawsuit or an administrative proceeding, TOC may disclose protected health information about you in response to an order issued by a court or administrative tribunal. TOC may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process provided certain conditions are met.

**For Law Enforcement.** TOC may release protected health information about you if asked to do so by a law enforcement official for a law enforcement purpose if specific conditions are met.

**About Deceased Persons.** TOC may disclose protected health information to a coroner or medical examiner to identify a deceased person or determine cause of death. TOC may also disclose protected health information to funeral directors consistent with applicable law, as necessary to carry out their duties with respect to the deceased person.

For Organ, Eye, or Tissue Donation. TOC may use or disclose protected health information to organ transplant or donation organizations to assist in organ, eye, or tissue donation and transplantation.

For Research Purposes. TOC may use or disclose protected health information for research purposes if a waiver of individual authorization is approved by an applicable Institutional Review Board or privacy board and other requirements are met.

To Avert a Serious Threat to Health or Safety. TOC may use and disclose certain protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. The information will be disclosed to a person reasonably able to prevent or lessen the threat, including the target of the threat.

For Government. If you are a member of the Armed Forces, TOC may release protected health information about you as required by military command authorities. TOC may also release protected health information about foreign military personnel to the appropriate foreign military authorities. TOC may disclose your protected health information to a correctional institution or a law enforcement official having lawful custody of you if the correctional institution or law enforcement official represents that the information is necessary for certain health and safety reasons.

For Workers' Compensation. TOC may disclose protected health information about you for workers' compensation as necessary to comply with workers' compensation laws and similar programs.

### **III. AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

Except as provided above, TOC will not disclose your protected health information other than with your written authorization. If you or your personal representative authorized TOC to use or disclose your protected health information, you may revoke that authorization in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Your authorization is required to conform to any state law requirements that are more stringent as defined under applicable law. For example, Oklahoma law requires notice in bold type in an authorization regarding communicable or venereal diseases before that type of information is released.

### **IV. YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION**

You or your personal representative may exercise the following rights with respect to your protected health information by contacting the Privacy Officer. You may contact the Privacy Officer at (918) 582-6800 or at the address listed in the contact section of this Notice.

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your protected health information. You have the right to request a limit on TOC's disclosure of your protected health information to someone who is involved in your care or the payment of your care. However, TOC is not required to agree to your request.

**Right to Receive Confidential Communications.** You have the right to request that TOC communicate with you in a certain way. For example, you may ask that TOC only conduct communications pertaining to your protected health information with you privately with no other family members present. TOC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Copy Your Protected Health Information.** You have the right to inspect and copy your protected health information, including billing records, in accordance with federal and state law. If you request a copy of your protected health information, TOC may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to Amend Health Care Information.** You or your personal representative has the right to request that TOC amend your records, if you believe that your protected health information is incorrect or incomplete. That request may be made as long as the protected health information is maintained by TOC. TOC may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your protected health information records were not created by TOC, if the records you are requesting are not part of TOC's records, if the protected health information you wish to amend is not part of the protected health information you or your personal representative are permitted to inspect and copy, or if, in the opinion of TOC, the records containing your protected health information are accurate and complete.

**Right to an Accounting.** You or your personal representative have the right to request an accounting of disclosures of your protected health information made by TOC for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. TOC will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to Paper Copy of this Notice.** You or your personal representative has a right to a separate paper copy of this Notice at any time even if you or your personal representative has received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer at (918) 582-6800. A copy of the current version of TOC's Notice of Privacy Practices may be obtained at its website [www.toctulsa.com](http://www.toctulsa.com).

### **V. COMPLAINTS**

You have recourse if you feel that your privacy protections have been violated under the terms of this Notice or under the policies and procedures of TOC. You have the right to file a written complaint with TOC, or with the Secretary of the United States Department of Health and Human Services. TOC will not retaliate against you for filing a complaint.

### **VI. CONTACT**

TOC has designated a Privacy Officer as its contact person for all issues, questions or concerns regarding our health information privacy practices and your rights under HIPAA. You may contact the Privacy Officer at the following address: Privacy Officer, The Orthopaedic Center, 1809 E 13<sup>th</sup> St, Suite 100, Tulsa, Oklahoma, 74104, or (918) 582-6800.

### **VII. EFFECTIVE DATE**

This Notice is effective April 14, 2003. Pg 2/Notice of Privacy Practices for The Orthopaedic Center



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## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a revised copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name (please print): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date:	Initials:	Reason:
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