

Klamath Orthopedic Clinic

Notice of Privacy Practices

This notice describes how protected medical information about you may be used and disclosed, and how you can gain access to this information.

The Klamath Orthopedic Clinic is required, by federal and state laws, to maintain the privacy of "Protected Health Information" (PHI) and to provide Notice about your rights and our legal duties with respect to your PHI. We must abide by the terms in this Notice while it is in effect. This Notice is effective as of April 14, 2003. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that may be more stringent than federal standards.

1. Klamath Orthopedic Clinic is permitted to make uses and disclosures of PHI for treatment, payment, and health care operations, as described in the following examples:

a) FOR TREATMENT - We may use and disclose our PHI to assist your healthcare providers (doctors, dentists, hospitals, physical therapists, pharmacies and other) in your diagnosis and treatment. Example: the orthopedic surgeon may contact your primary physician to verify or obtain additional information concerning your treatment and PHI may be disclosed in the process.

b) FOR PAYMENT – We may use and disclose your PHI to process claims and seek reimbursement for your health expenses covered by your health insurance or third-party insurers. Example: we may contact your insurer to determine whether it will pay for your orthopedic treatment. Your information on or accompanying the billing may include PHI.

c) FOR HEALTH CARE OPERATIONS – We may use and disclose your PHI to perform our administrative activities, including data management and customer service. Example: Klamath Orthopedic Clinic may use your health records to monitor performance of Klamath Orthopedic Clinic, to improve quality and effectiveness; to describe or recommend treatment alternatives and/or information on benefits or services available that may be of interest.

2. PHI Security – We require our employees to follow Klamath Orthopedic Clinic security practices, and only those employees who require patient PHI to perform their job responsibilities are allowed access. In addition, Klamath Orthopedic Clinic maintains physical, administrative, and technical security protocols to safeguard your PHI.

3. Other PHI Disclosure – Klamath Orthopedic Clinic is permitted or required by law, under specific circumstances, to use or disclose PHI without the individual's written authorization.

*REQUIRED BY LAW- We may disclose PHI to law enforcement officials in support of law enforcement activities in circumstances as follows: a) when required to do so by law or legal proceeding; b) or, when such information may be useful to substantiate past or potential acts of crimes, and in compliance with the provision of this policy.

*AVERT A SERIOUS THREAT TO HEALTH OR SAFETY- We may disclose PHI to avert serious threat to health or safety, in accordance with applicable law and standards of ethical conduct, if workforce members have cause to believe that: a) the disclosure is to a person or persons reasonably able to prevent or lessen a serious and imminent threat to the health or safety of a person or public; or b) the disclosure is necessary for law enforcement authorities to identify or apprehend an individual; 1) because of a statement by an individual admitting participation in a violent crime that the organization reasonably believes may have caused serious physical harm to the victim; or 2) where it appears for all circumstances that the individual has escaped from a correctional institution or from law custody.

*BUSINESS ASSOCIATES- We may disclose PHI to business associates. We provide some services through contracts with business associates, and PHI disclosure may be necessary. To protect your PHI, we require our business associates to abide by the appropriate Privacy Regulations.

*CORONERS, MEDICAL EXAMINERS and FUNERAL DIRECTORS- We may disclose PHI about decedents consistent with applicable laws to a Coroner, Medical Examiner, or Funeral Director for the following purposes: 1) to identify a deceased individual; 2) to determine cause of death; 3) other duties as authorized by law. a) We may disclose PHI to funeral directors before the death of an individual when it is reasonable to do so, and necessary for the funeral director to carry out their duties.

*HEALTH OVERSIGHT ACTIVITIES- We may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; civil administrative or criminal investigations; inspections, licensure or disciplinary action; civil, administrative or criminal proceedings or actions; or other activities necessary for the proper oversight of: a)the healthcare system; b)government benefit programs for which PHI is relevant to benefit eligibility; c)entities subject to government standards for compliance with respect to PHI; d)entities subject to civil rights laws for which PHI is necessary to determine compliance.

*JUDICIAL and ADMINISTRATIVE PROCEEDINGS- We may disclose PHI in the course of any judicial or administrative proceedings, in response to a) an order of a court of tribunal; b) or a subpoena, discovery request, or other lawful process that is not accompanied by an order or a court of tribunal.

*ORGAN and TISSUE DONATION PURPOSES- We may disclose PHI for organ and tissue donation for the purposes of facilitating organ eye or tissue donation and transplantation and may use or disclose PHI to entities engaged in the procurement, banking or transportation of cadaveric organs, eyes or tissues.

*PEOPLE INVOLVED in an INDIVIDUAL'S CARE- We may disclose PHI to people involved in an individual's care to facilitate individual's care or payment. a) We may disclose to an individual's family member, or other relative, or a close friend of the individual, or any other person identified by the individual, if such PHI is 1) directly relevant to the recipient's involvement with the individual's care; 2) relevant to make payment related to the individual's health care. b) We may disclose individual's PHI if doing so is necessary to identify, locate and notify a family member, personal representative, or other person responsible for the care of the individual.

*PUBLIC HEALTH ACTIVITIES-We may disclose PHI for public health activities, in accordance with the law, to public health or government authorities or their agents as follows: a) For purposes of preventing or controlling disease, injury or disability, including, but not limited to 1) reporting of disease; 2) birth or death; 3) the conduct of public health surveillance, investigations or interventions. b) Officials of foreign governments acting in collaboration with public health authorities, and who have been authorized to receive such information by the public health authority. c) Public health or appropriate governmental authorities authorized by law to receive reports of child abuse or neglect. d)A person subject to jurisdiction of the Food and Drug Administration (FDA), with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.

*RESEARCH- We may disclose PHI about you for research purposes. All research projects are subject to special approval and measurements have been taken to protect our privacy.

*SPECIALIZED GOVERNMENT FUNCTIONS-We may disclose PHI for specialized government functions, including but not limited to 1) military and veterans affairs; 2) national security and intelligence activities; 3) protective services for the President and others; 4) medical suitability determinations; 5) correctional institutions and other law enforcement custodial situations; entities covered by the Privacy Regulation that are government programs providing benefits.

*VICTIMS of ABUSE, NEGLECT or DOMESTIC VIOLENCE- We may disclose PHI regarding victims of abuse, neglect, or domestic violence to a social or protective services agency, or other appropriate government agency authorized by law to receive reports of abuse, neglect, or domestic violence. We may disclose the protected health information of an individual for whom workforce members have reasonable cause to believe is the victim of abuse.

*WORKERS COMPENSATION- We may disclose PHI for workers compensation to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law to provide benefits for work related injuries or illnesses without regard to fault.

4. Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization at any time, in writing, except to the extent we have already acted on the information disclosed or if we are permitted by the law to use the information.

5-Klamath Orthopedic Clinic intends to engage in one or more of the following activities: a) Klamath Orthopedic Clinic may contact the individual to provide appointment reminder, or information about treatment alternatives or other health related benefits and services that may be of interest to the individual or patient. b) We elect to limit the uses or disclosures you are permitted to make as follow: your request for a restriction must be made in writing. Your request must tell us: 1) what information you want to limit; 2) whether you want to limit how we use or disclose your information or both; and 3) to whom you want the restrictions to apply. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency or required by law. Klamath Orthopedic Clinic will respond to your request in written form.

6. The individual has the following rights regarding PHI a) ACCESS- The right to request restrictions or certain uses and disclosures of PHI. Klamath Orthopedic Clinic is not required to agree to a request restriction, however. b) COMMUNICATIONS- The right to receive confidential communications of PHI, as applicable. You have the right to request that we use a certain method to communicate with you about your PHI, or that we send related information to a specific location if the communications could endanger you. Your request to receive confidential communications must be made in writing and must clearly state that all or part of the communication from us could endanger you. Your requests must specify how or where you wish to be contacted. We will accommodate all reasonable requests. c) INSPECT and COPY- The right to inspect and copy PHI, as provided in the Privacy Regulation. These records usually include chart notes, prescriptions, billing and claims information and medical management information. To view or copy your PHI, you must make your request in writing. We may charge you an administrative fee for the costs of copying, mailing or supplies needed to support your request. If you are denied access due to certain limited circumstances, you may request the denial be reviewed. d) The right to amend PHI, as provided in the Privacy Regulation. If you think that the PHI currently maintained by Klamath Orthopedic Clinic is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and include the reason you are seeking a change. We may deny your request if you ask us to amend information that was not documented by us, or you ask us to amend a record that is already accurate and complete. If Klamath Orthopedic Clinic denies your request to amend, we will notify you in writing. You do have the right to submit to us, in writing, a statement of disagreement and we have the right to rebut your statement. e) ACCOUNTING- The right to receive and accounting of disclosures of your PHI. The list will include our disclosures related to your treatment, billing or receipts of payment, healthcare operations, for notification purposes, disclosures to you or without your authorization. Your request for accounting disclosures must be made in writing and must state the period of time that you would like an accounting. This period may not be longer than six years and may not include dates before April 14, 2003. We may charge you an administrative fee for copying, mailing and supplies necessary to fulfill your request. f) PAPER COPY- The right to obtain a paper copy of the Notice from covered entity upon request. The right extends to an individual who has agreed to receive the Notice electronically.

7) Klamath Orthopedic Clinic is required by law to maintain the privacy of protected health information, and to provide individuals with Notice of its legal duties and Privacy practices with respect to PHI.

8) Klamath Orthopedic Clinic reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all PHI that it maintains.

9) Klamath Orthopedic Clinic will provide individuals or patients with a revised Notice whenever we make a material change to the privacy practices described in this Notice. We will also post a copy of our current Notice at Klamath Orthopedic Clinic. Any time we make a material change to this Notice, we will promptly revise and issue the Notice with the new effective date. Klamath Orthopedic Clinic reserves the right to change the terms of this Notice at any time, for PHI that we already have about you, as well as any information that we receive in the future.

10) Individuals may complain to Klamath Orthopedic Clinic and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization if you believe our privacy rights have been violated. All complaints regarding Klamath Orthopedic Clinic must be in writing and sent to the HIPAA Privacy Officer listed at the end of this Notice. We support your right to protect the privacy of your PHI.

11) Contact the HIPAA Privacy Officer:

Jeannette Gansberg
HIPAA Privacy Officer
Klamath Orthopedic Clinic
2000 Bryant Williams Drive, Suite 1
Klamath Falls, OR 97601

Website: klamathbones.com