

NOTICE OF HEALTH INFORMATION 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.

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.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of Redding Orthopedic Center i.e.: David W. Hankin, M.D., William B. Heyerman, M.D. and Richard N. Cross, M.D. For example, information on the services you received may be used to support budgeting, financial reporting, and activities to evaluate and promote quality of care.

Business Associates: There are some services provided to our organization through contracts with business associates. Examples include outside radiology and laboratory services. As well as photocopy companies used to copy your information. When these 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 and bill you or your other payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Front Office Check-In Registration List: Unless you notify us that you object, we will use your name for our sign-in purposes. This information, may also, be used by our staff to determine if you are here by calling out your name.

Day-to-Day Office Routines: While in our office you may be able to see a computer screen that office staff are working on, we do ask that you do not try to read these screens, as this is privileged health information. In the daily routine of running our office we will be calling you back to see the Doctor by calling out your name, which is also printed on the outside of our patients health charts. This chart will also be placed in a holder outside the examination room door and other patients in the office may be able to see this. On the outside of your chart, information such as allergies to food or drugs will be placed on a red sticker so that we will be able to see this information quickly to maintain a high quality of control of your medical care.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

Communication With Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Medical Record Requests, Subpoenas and Redislosures: As dictated by law, we are required to honor valid medical record requests and subpoenas. Your medical file will be compiled as specified in the release received. We will also include associated medical correspondence from other healthcare professionals pertinent to the request information. This is considered redislosure.

Research: We may disclose information to researchers, when their research has been approved by our Physicians (who have reviewed the proposal to ensure privacy) or if our Physician is participating in any studies for research purposes.

Phone/Answering Machine Messaging: We may contact you to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also contact you regarding insurance problems as well as payment issues. This information may be left on your answering machine referencing any or all of the above.

Medical Education and Training: This facility works with Mercy Hospital Residency Program for on the job training, on these occasions your medical situation may be valuable for teaching purposes and will be used for this purpose.

Food and Drug Administration (FDA): We may disclose to the FDA, health information relative to adverse events with respect to medications or medical supply defects. This includes product recalls, repairs or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and the extent necessary to comply with the laws relating to workers' compensation or other similar programs established by law.

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 disease to the state's public health department.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and safety of others.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilities law-enforcement investigations and to comply with government mandated reporting.

Other Uses and Disclosures Requiring Your Authorization: Disclosure of your health information or its use for purposes other than those listed above require 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 to revoke your authorization.

Additional Uses of Information:

Appointment reminders: Your health information will be used by our staff to send you appointment reminders, or to reschedule your appointment due to conflicts that may occur.

Individual Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request restrictions on the use and disclosure of your protected health information 45 CFR 164.522
- Receive confidential communications concerning your medical condition and treatment
- To inspect and copy your protected health information 45 CFR 164.524
- To amend or submit corrections to your protected health information 45 CFR 164.528
- To receive an accounting of how and to whom your protected health information has been disclosed 45 CFR 164.528
- Request communications of your health information by alternative means or location
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- To receive a printed copy of this notice

Redding Orthopedic Center Duties

We are required by law to maintain the privacy of your protected health information 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. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information records we maintain.

Request to Inspect Protected Health Information

We may generally inspect or copy the protected health information that we maintain. As permitted by Federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Privacy Officer or Administrator at (530) 244-2663. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

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

**Privacy Office
Redding Orthopedic Center
P.O. Box 992890
Redding, CA 96099-2890**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date:

This notice is effective as of April 4, 2003