

## **ORTHOPEDIC CENTER OF FLORIDA PRIVACY NOTICE**

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.

This privacy notice is being provided to you as a requirement of federal law, the Health Insurance Probability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information in some cases. Orthopedic Center of Florida is required by law to provide you our Privacy Notice, maintain the Privacy of your information, follow the terms of our Privacy Notice and tell you we have the right to change the Privacy Notice.

### **I. Uses and Disclosures of Protected Health Information**

Orthopedic Center of Florida may use your protected health information (PHI) for purposes of providing treatment, and conducting health care operations. "PHI" may be used or disclosed only for these purposes unless Orthopedic Center of Florida has obtained authorization. Disclosure of your protected health information for the purposes described in this Privacy Notice may be in writing, orally, or by facsimile.

- A. Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, we may disclose your PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test.
- B. Payment.** Your PHI will be used, as needed, to obtain payment for the services that we provide. For example, we may need to disclose your information to your health insurance company to get prior approval for surgery. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.
- C. Operations.** We may use or disclose your PHI, as necessary, for your own health care operations to facilitate the function of Orthopedic Center of Florida and to provide quality care to all patients. Health care operations include such activities as: quality assessment and improvement activities.
- D. Other Uses and Disclosures.** We may also use or disclose your PHI for the following purposes: such as to remind you of your surgery or to call after surgery to check on your status.

### **II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object**

Federal privacy rules allow us to disclose your PHI without permission or authorization for a number of reasons including the following:

- A.** When Legally Required
- B.** When There are Risks to Public Health
- C.** To Report Suspected Abuse, Neglect or Domestic Violence
- D.** In Connection With Judicial and Administrative Proceedings
- E.** For Workers Compensation

We may disclose your PHI to your family member or close personal friend if it is directly relevant to the person's involvement in care or payment related to your care.

### **III. Your Rights**

- A.** The right to inspect and obtain a copy of your PHI
- B.** The right to request a restriction on uses and disclosures of your PHI.
- C.** The right to request amendments to your PHI.
- D.** The right to receive an accounting by Orthopedic Center of Florida of certain disclosures of PHI.

### **IV. Complaints**

You have the right to express complaints to Orthopedic Center of Florida and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the Privacy Officer verbally or in writing, using the contact information below.

### **V. Contact Person**

Tom Dahl, Clinical Administrator/Privacy Officer  
Orthopedic Center of Florida  
12670 Creekside Lane, Suite 202  
Ft. Myers, FL 33919 Phone: 239/482-2663