THE HIP & KNEE CENTER

NOTICE OF PRIVACY PRACTICES

thehipandkneecenter.com

YOUR INFORMATION, YOUR RIGHTS, OUR RESPONSIBILITIES:

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.**

YOUR RIGHTS:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information.

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Continued

YOUR CHOICES:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- Contact you for fundraising efforts.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission.

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

In the case of fundraising.

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES:

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you.

- We can use your health information and share it with other professionals who are treating you. ***Example:*** A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization.

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. ***Example:*** We use health information about you to manage your treatment and services.

Bill for your services.

- We can use and share your health information to bill and get payment from health plans or other entities. ***Example:*** We give information about you to your health insurance plan so it will pay for your services.

How else we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research.

- We can use or share your information for health research.

Comply with the law.

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests.

- We can share health information about you with organ procurement organizations.

Work with a medical examiner of funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

HK THE HIP & KNEE CENTER

thehipandkneecenter.com

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2350 Royal Boulevard
Suite 200
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847.931.5300

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224.293.1170

ALGONQUIN
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Suite 101A
Algonquin, IL 60102
847.854.8590

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PLEASE SIGN & DATE:

The Hip and Knee Center's Privacy Policy has been made available to me in the office or via the website www.thehipandkneecenter.com.:

X_____Date:_____

Patient Signature (Parent if patient is a minor)

CONFIDENTIAL COMMUNICATION REQUEST

May we leave a message regarding medical information, please mark your answer:

On answering machine at home?	◯ Yes	◯ No
With person at your home?	◯ Yes	◯ No
On your voicemail at work?	◯ Yes	◯ No
On your email account?	◯ Yes	◯ No
In a cell phone text message?	◯ Yes	◯ No

May we speak to a family member regarding your medical status? If so, with whom may we speak?

_____

X_____

Patient Signature (Parent if patient is a minor)

May we speak to a family member regarding your financial status? If so, with whom may we speak?

_____

X_____

Patient Signature (Parent if patient is a minor)

RELEASE OF LABORATORY & X-RAY INFORMATION

I hereby authorize The Hip and Knee Center to give lab, x-Ray, MRI, and CT results to a family member:

X_____

Patient Signature (Parent if patient is a minor)

ACKNOWLEDGEMENT REGARDING MEDICAL EQUIPMENT

Not all medical equipment may be paid for by my insurance company. We will let you know which items may not be covered. If my Insurance Carrier denies payment, I agree to be personally and fully responsible for payment.

X_____

Patient Signature (Parent if patient is a minor)

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