

Institute for Orthopaedic Surgery

Notice of Privacy Practices



Our Legal Duty

This notice applies to the **Institute for Orthopaedic Surgery (IOS)**, an orthopaedic specialty hospital, where individuals receive muscular-skeletal healthcare service to include, but not be limited to muscular-skeletal surgery. There is an organized healthcare arrangement with the physicians of the Orthopaedic Institute of Ohio (OIO). As such, we may share your medical information with each other as needed for treatment, payment, or healthcare operations relating to our organized healthcare arrangements.

We are required by applicable federal and state laws to maintain privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **April 13, 2003**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice become effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

We use and disclose information about you for treatment, payment and healthcare operations. Examples as follows:

1. **Treatment:** We may use your medical information to treat you or disclose your medical information to a physician or other healthcare provider providing treatment to you.
2. **Payment:** We may use or disclose your medical information to obtain payment for services we provide.
3. **Healthcare Operations:** We may use or disclose your medical information to treat you or disclose your medical information with our healthcare operations. Healthcare operations include quality assessment and improvement activities reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditations, certification, licensing, or credentialing activities.
4. **To You and on Your Authorization:** You may give us written authorization to use your medical information or to disclose it for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we can not use or disclose your medical information for any reason except those described in this notice.
5. **To Your Family and Friends:** We must disclose your medical information to you, as described in the Individual rights section of this notice. We may disclose your medical information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare services, but only if you agree that we may do so.
6. **Nursing Calls:** We may contact you for routine preoperative and post-operative informational gathering and/or instructional calls at your listed phone number. We may leave limited phone messages as necessary.
7. **Persons Involved In Care:** We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. In the event of your incapacity or an emergency circumstance, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your healthcare.
8. **Disaster Relief:** We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
9. **Death: Organ Donation:** We may use or disclose the medical information of a deceased person to the coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.
10. **Required by Law:** We may use or disclose your medical information when required to do so by law.

11. Law Enforcement: We may use or disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials.
12. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or corrective institution under certain circumstances.
13. Abuse and Neglect: We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim or other crimes.
14. National Security: We may disclose to military authorities the medical information of the Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities.

Individual Rights

1. Patient Rights and Responsibilities: You will receive and sign receipt for a copy of your *Patient Rights and Responsibilities* at the time you are registered and admitted as a patient in the Facility.
2. Access: You have the right to look at or get copies of your medical information, with limited exceptions. You must make a request in writing to get access to your medical information and send letter to the address at the end of this notice. We will charge a standard, cost-based fee for providing copies of your medical information.
3. Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required by law to agree with these additional restrictions. If we decide to agree with the additional restrictions, we will abide by the limitations, except in any emergency situation.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint to the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office

Institute for Orthopaedic Surgery
Privacy Officer
801 Medical Drive, Suite B
Lima, Ohio 45804-4099

Contact telephone: 419-224-7586, extension 3339
Contact fax number: 419-224-9769