

## Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. However, we are not required to agree to your request, except that we must agree to your request if you ask us to restrict a disclosure of your medical information to a health plan where the disclosure is for the purpose of carrying out payment or healthcare operations (and is not otherwise required by law) and pertains solely to a healthcare item or service for which you (or someone on your behalf other the health plan) have paid us in full for that item or service. You may be required to request in writing. In your written request, you must tell us the information you want to limit; whether you want us to limit our use, disclosure or both; and to whom you want the limit to apply. If we agree to additional restrictions, we will abide by the agreement, unless the information is needed to provide for your care in an emergency. We also reserve the right to terminate any agreement to restrict the use or disclosure of your information.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. A request for confidential communications may be required to be made in writing, must detail the alternative means or location of communication you seek, and must specify how payments for care will be handled.

**Right to Inspect and Copy:** You have the right to inspect and to receive a copy of your healthcare information. We are permitted to charge a reasonable cost-based fee for copies. If you prefer to receive a summary of your medical information, we will provide one but we will charge a fee for preparing the summary. We are entitled to deny or limit access to your medical information in certain circumstances. If we deny you access to your medical information, you are entitled to request that another licensed professional from our organization review our decision.

**Right to Amend:** If you feel that any of your medical information is incorrect or incomplete, you may ask us to amend the information. Your request for an amendment may be in writing and must explain why the information should be amended. We will respond to all written requests for amendment, but we are permitted to deny your request if the information you seek to amend:

- \* Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- \* Is not part of the medical information kept by our facility;
- \* Is not part of the information which you would be permitted to inspect and copy; or
- \* Is accurate and complete.

If we deny your request, we will provide a written explanation to you. You will have the right to respond to the denial with a written statement of disagreement that we will append to the disputed information, if you request it. If we accept your request to amend, we will make reasonable efforts to inform others of the amendment, including people you name, and we will include the changes made in any future disclosures of the information.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your medical information. We are not required to account for disclosures made for treatment, payment, or healthcare operations, for disclosures authorized by you, and for certain other activities.

To request this accounting of disclosures, you must submit your request in writing. Your request must state the time period for which you want an accounting, not to exceed more than six years prior to the date of request. Regardless of the length of time for which you request an accounting, we are not required to account for disclosures made before April 1, 2013.

We will not charge for providing a response to the first accounting request you make within any twelve-month period. For any subsequent request for an accounting within the same twelve-month period, we will charge you a reasonable cost-based fee for responding to your request.

**Right to a Copy of This Notice:** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. Copies of the current Notice of Privacy Practices will be available in the lobby areas of Bonutti Clinic at 1303 Evergreen Ave, Effingham, IL 62401. Copies will also be available at our off site clinic waiting areas, during our scheduled Clinic hours. The Notice will also be maintained on our web site [www.bonutticlinic.com](http://www.bonutticlinic.com) and our patient portal.

## How to Get Additional Information or File a Complaint

We welcome your questions about our privacy practices. If you want more information about our privacy practices, or you have a concern, please contact us using the information below. If you believe your privacy rights have been violated, you may file a complaint with us at the same location. You may also file a written complaint with the U.S. Department of Health and Human Services (HHS). We will provide you with the address to file your complaint with HHS upon request.

We support the exercise of your privacy rights and we will not retaliate in any way if you choose to file a complaint with us or with HHS.

Contact Person:

Privacy Officer  
Bonutti Orthopedic Clinic  
1303 W. Evergreen Avenue  
Suite 101  
Effingham, IL 62401  
217-342-3400  
217-342-6416 (fax)

If you have any questions about this Notice, you may contact our Privacy Officer at 217 342-3400.



## NOTICE OF PRIVACY PRACTICES April 1, 2013

1303 W. Evergreen Ave.  
Effingham, IL 62401

## What This Notice Tells You

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law without your signed authorization.

This Notice also describes your rights with respect to your protected health information and how to exercise those rights.

## Who Will Follow This Notice

Any health care professional authorized to enter information into your file or record within our organization and all employees, staff and other personnel of our organization will follow the terms of this notice. This notice applies to Bonutti Clinic.

## Our Pledge Regarding Your Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records we create or receive concerning your medical care. It also applies to billing information used to obtain payment for the services you receive.

Our obligations are to:

- \* Make sure that your protected health information is kept private and only used and disclosed in accordance with state and federal law and our privacy practices;
- \* Give you this Notice, which informs you of our privacy practices, as well as our legal duties and your individual rights with respect to medical information about you; and
- \* Follow the terms of the Notice of Privacy Practices that is currently in effect. This Notice is effective beginning April 1, 2013, and will remain effective until we replace it.
- \* Notify you if there is any breach of the security of your protected health information along with information about the breach (to the extent possible), including what happened, what information was involved, when it happened, steps you can take to protect yourself from harm that may result from the breach, what we are doing to investigate and correct the breach and who you can contact for more information about any questions you have.

“Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services including payment for those services.

## Changes To This Notice

We reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for protected health information we already have about you as well as any information we receive in the future. Copies of the current Notice will be posted in our facilities. The Notice will contain the current effective date. The Notice will also be available on our web site at [www.bonutticlinic.com](http://www.bonutticlinic.com). Each time you are in our facilities you may obtain a copy of the Notice that is currently in effect.

## How We May Use and Disclose Your Medical Information

The following categories describe different ways that we are entitled to use and disclose your medical information. Each category of uses or disclosures will be explained but not every use or disclosure in a category will be listed.

**For Treatment:** We may use or disclose your medical information to any healthcare provider in order that you may be provided with care. This may include other institutions, such as hospitals or pharmacies, as well as individual providers, such as physicians, physical and occupational therapists, or nurses.

**For Payment:** We may use and disclose information about you so that we can receive payment for treatment and services you receive. This includes such activities as sending bills to you or to your insurance company, or disclosing information to your health plan so that it can process pre-approval, payment or reimbursement requests from you or us. We may disclose information to other healthcare providers or entities subject to the federal privacy rules so they can obtain payment for healthcare they provide to you.

**For Healthcare Operations:** We may use and disclose your medical information in connection with our healthcare operations. These activities allow us to conduct our daily business operations as well as improve the quality of health care provided to you. We may use your information, for example, to conduct training sessions with our staff, to assess the quality of care provided to you, to perform management and administrative activities, such as evaluating customer

service and creating de-identified information and limited data sets, or to seek business or legal counsel from accountants, lawyers, or other professionals. We are also allowed to disclose your medical information to other entities that have a relationship with you and are subject to the federal privacy rules for their healthcare operations, such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, or detecting or preventing fraud and abuse.

**Regarding Appointments:** We will use your information when establishing initial appointments, prior to your actually arriving at the clinic. We also may use or disclose your medical information when contacting you to remind you about an appointment, to notify you about missed appointments, or if we need to reschedule your appointment. You may receive a phone call, a message on your answering machine, or a postcard concerning your appointment time.

**About Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or other health-related benefits or services that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities. We may use your medical information to encourage you to purchase or use a product or service by face-to-face communications or to provide you with promotional gifts.

**For Research:** Under certain circumstances we may use and disclose healthcare information about you for research purposes. We may also disclose healthcare information about you to people preparing to conduct a research project, for example, to help them look for patients with specific healthcare needs. We will follow any legal requirements necessary to allow us to use your healthcare information to conduct research.

**For Public Benefit:** We may use or disclose your medical information when authorized to do so by law for purposes that serve the public interest or benefit, including the following:

\* As required by law.

\* For public health activities, such as: disease and vital statistic reporting; child abuse and neglect reporting; FDA oversight activities; work-related illness or injury reports to employers; notifying individuals who may have been exposed to disease or be at risk for contracting or spreading disease; and similar activities.

- \* To report adult abuse or neglect or domestic violence.
- \* To health oversight agencies, whose activities might include, for example, audits, investigations, inspections, and licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions that are related to health care;
- \* In response to court and administrative orders and other lawful process.
- \* To Law Enforcement pursuant to lawful process and as otherwise allowed or required under law. For example, we may disclose medical information about you to law enforcement officials to report certain types of wounds or other physical injuries; in response to a proper court order, subpoena, or similar process; to report suspicious deaths, crimes on our premises, and crimes in emergencies; and some limited information to aid in the identification or location of suspects or other persons.
- \* To coroners, medical examiners, and funeral directors.
- \* To organ procurement entities.
- \* For certain research and educational activities.
- \* To avert a serious threat to health or safety.
- \* To the military or to federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law.
- \* To correctional institutions regarding inmates.
- \* As authorized by state workers' compensation laws.

**To Your Family and Friends:** Patients often include family members or close friends in their healthcare and want us to share information with them to help with providing care or arranging for payment. We may disclose your healthcare information to involved family members or friends, as long as you do not tell us that you object. If you do object, you must tell us and we will not share your healthcare information.

**With Written Authorization:** Uses and disclosures other than those described above will only be made with your written authorization. Except in certain limited circumstances, uses and disclosures of psychotherapy notes or of protected health information used in marketing or for a sale of that protected health information also require your written authorization. You may give written authorization to us to use or disclose your healthcare information for any purpose. If you give us an authorization, you may revoke it in writing at any time. We will honor your revocation except to the extent that we have already acted in reliance upon your written authorization.