



NOTICE OF PRIVACY 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.

The terms of this Notice of Privacy Practices apply to **OMNI Orthopaedics** operating as a clinically integrated health care arrangement. The members of this clinically integrated health care arrangement work and practice at:

4760 Belpar Street NW • Canton, OH

330 Oxford Street, Suite 310 • Dover, OH

1020 Trump Road • Carrollton, OH

All of the entities and persons listed will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

OMNI Orthopaedics is required by law to maintain the privacy of patients' protected health information and to provide patients with notice of its legal obligations and privacy practices. **OMNI Orthopaedics** is required to abide by the terms of this Notice so long as it is in place. **OMNI Orthopaedics** reserves the right to change the terms of this Notice as necessary. You may get a copy of any revised notices at the facilities listed above or by mailing a request to **The HIPAA Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Authorization. Except for uses and disclosures described later in this Notice, **OMNI Orthopaedics** will not use or disclosure your protected health information unless you have signed a written authorization giving **OMNI Orthopaedics** permission. You have the right to revoke an authorization in writing unless **OMNI Orthopaedics** has already taken action based on the authorization.

Uses and Disclosures Required or Permitted by Law. The law requires and in some cases requires **OMNI Orthopaedics** to use and/or disclose your protected health information without your authorization. **OMNI Orthopaedics** may use or disclose your protected health information for:

- Any purpose required by law
- Public health activities (for example, where required for reporting disease, injuries, births and death), and for required public health investigations
- Reporting suspected child abuse or neglect; or if you may be a victim of abuse, neglect, or domestic violence
- Reporting to the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls
- Your employer if we have provided health care to you at your employer's request.

- Reporting to a government oversight agency conducting audits, investigations, or for civil or criminal proceedings
- A court or administrative ordered subpoena or discovery request
- Law enforcement officials to report wounds, injuries and crimes
- County coroners
- Arrangement of an organ or tissue donation from you or a transplant for you
- Military purposes, if you are a member of the military, or for national security or intelligence activities
- Your workers' compensation claim to workers' compensation agencies

When applicable, OMNI will comply with State and Federal laws that are more stringent than the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996, as they are amended from time to time, regarding OMNI's use or disclosure of your protected health information.

Uses and Disclosures for Treatment, Payment or Health Care Operations. **OMNI Orthopaedics** will use and disclose your protected health information as needed for treatment, payment and health care operations purposes. Examples of such uses and disclosures include: nurses, doctors and other professionals involved in your care will use information in your medical record to put in place a treatment plan and to carry out that plan; and in some situations to other health care facilities or providers who will be treating you; sending information about you and your treatment to insurance companies, governmental agencies and programs and other entities or individuals who will pay for your care; and in meetings and as part of other actions **OMNI Orthopaedics** takes in its organized health care arrangement to make sure **OMNI Orthopaedics** entities are licensed, accredited, the doctors and other professionals involved in its facilities have proper credentials and in many other activities designed to make sure of, and improve upon, the quality of care **OMNI Orthopaedics** provides.

Business Associates. As part of the services **OMNI Orthopaedics** provides, it sometimes seeks the help of outside persons or businesses. These outside entities help in a number of ways like giving us legal help, accrediting our facilities or auditing our records, just to list some examples. In order to get their help in making **OMNI Orthopaedics** care available **OMNI Orthopaedics** must often give them your protected health information. At times it may be necessary for us to provide certain portions of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. Before we give out any protected health information to these outside parties, we require them to protect the privacy of your information.

Others Involved in Your Care. If you approve, **OMNI Orthopaedics** may disclose your protected health information to people that you designate (typically family and friends), who are involved in your care or in payment of your care, to help them with your care or paying for your care. If you are not available, incapacitated, or have a health emergency, and **OMNI Orthopaedics** determines that a limited disclosure may be in your best interest, **OMNI Orthopaedics** may disclose protected health information with the people involved in your care or paying for your care without your approval. In some cases, **OMNI Orthopaedics** may also disclose your protected health information to parties involved in disaster relief to help them find your family member or other persons involved in your care or paying for your care.

Marketing. **OMNI Orthopaedics** may use your protected health information to contact you

about health products and services necessary for your care, about new products and services it offers, and to give you general health and wellness information.

Services/Communications. **OMNI Orthopaedics** may contact you to provide appointment reminders, test results or other information regarding your care. You can ask and **OMNI Orthopaedics** will accommodate reasonable requests to receive communications about your protected health information from us in a different way or at a different place. For example, if you want reminders to not be sent to a particular address, you must make the request in writing to **The Privacy Officer**.

Research. Sometimes **OMNI Orthopaedics** may use and disclose your protected health information for research purposes where, for example, an entity may compare outcomes of patients taking a medicine. If **OMNI Orthopaedics** does not get your specific authorization, your privacy will be protected by strict confidentiality requirements used by an Institutional Review Board that oversees the research or by representations of the researchers that limit their use and disclosure of your information.

YOUR RIGHTS

Right to Receive Notice. You have the right to receive a copy of this Notice on paper even if you have requested the Notice by e-mail or in some other electronic transmission.

Access to Protected Health Information. You have the right to copy and/or inspect the protected health information that **OMNI Orthopaedics** has about you. You have to ask us in writing and sign the request. You send the written request to **The Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**. You can get a form for making the request from **The Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**. For copies, **OMNI Orthopaedics** will charge you based on the following scale:

1-10 pages	\$2.67 per page
11-50 pages	\$0.55 per page
51+ pages	\$0.22 per page

In addition, you will also be charged any applicable postage fees if you request a mailed copy. For preparing a summary of the requested information **OMNI Orthopaedics** will charge an additional fee based on the amount of time necessary to prepare the summary.

Amendments to Protected Health Information. You have the right to request that **OMNI Orthopaedics** amend your protected health information. **OMNI Orthopaedics** does not have to make your amendments but will carefully consider your request. All amendment requests must be in writing, signed and state the reasons for the amendment. You can get a form for making the request from **The HIPAA Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**.

Accounting for Disclosures of Protected Health Information. You have the right to get an accounting of certain disclosures **OMNI Orthopaedics** makes after April 14, 2003 of your protected health information. To get this accounting, you have to sign and complete a written accounting request form that you can get from **The HIPAA Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**. It will not cost you anything for one accounting in a 12-month period, but for each accounting after one in a 12-month period **OMNI Orthopaedics** will charge you a reasonable cost based fee for each accounting requested.

Restrictions on Uses and Disclosures. You have the right to ask for restrictions on certain

uses and disclosures **OMNI Orthopaedics** makes of your protected health information for treatment, payment or health care operations. You can get a restriction request form from **The HIPAA Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**. **OMNI Orthopaedics** does not have to agree to any restriction, but will review it and if it considers it appropriate allow the restriction. **OMNI Orthopaedics** reserves the right to stop any restriction at any time by giving you written notice. You can also stop a restriction by giving written notice to **The HIPAA Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with **OMNI Orthopaedics** on a complaint form. You can get the form from **The HIPAA Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**. **OMNI Orthopaedics** will review it and respond to you. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Acknowledgement of Receipt of Notice. You will be asked to sign an acknowledgement that you received this Notice of Privacy Practices.

FOR FURTHER INFORMATION

If you have any questions about this Notice, you can talk to **The HIPAA Privacy Officer – 4760 Belpar Street NW, Canton, OH 44718**.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003.