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SportsMed-Wheaton Orthopaedics, Ltd.

Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, how you can get access to this information and your rights as a patient, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please review it carefully.

Contact Person: The practice's (SportsMed-Wheaton Orthopaedics) Privacy Officer serves as the contact person for all issues related to the Privacy Rule. Information on contacting the Privacy Officer is listed at the end of this Notice.

Scope: This Notice of Privacy Practices describes how the practice may use and disclose protected health information (PHI) to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. It also describes the patient's rights to access and control his/her PHI. Protected health information is information about the patient, including demographic information, that may identify the patient and that relates to his/her past, present or future physical or mental health or condition and related health care services. PHI excludes any health information of a person having been deceased for more than 50 years. The terms of this Notice apply to all records the practice has created or maintained in the past and any records it may create or maintain in the future.

The practice acts to maintain the privacy of protected health information (PHI) and provide individuals with notice of the practice's legal duties and privacy practices with respect to protected health information as described in this Notice and abide by the terms of the Notice currently in effect.

Provision of Notice: The practice provides its Notice to every patient with whom it has a direct treatment relationship. The Notice is provided no later than the date of the first treatment to the patient after April 11, 2003. The Notice is available to any member of the public to enable prospective patients to evaluate the practice's privacy practices when making his/her decision regarding whether to seek treatment from the practice. The practice posts its Notice in the reception/waiting room area at the practice location(s) and on its website.

Documentation of Provision of Notice: When a direct treatment patient receives the Notice from the practice, the practice asks the patient to sign its "Receipt of Privacy Practices" form. The form is filed with the patient's medical record. If the patient refuses to sign the form, it is noted in the medical record the patient was given the Notice and refused to sign the form.

Effective Date and Changes to the Notice: This Notice is effective April 11, 2003. The practice reserves the right to revise this Notice whenever there is a material change to the uses or disclosures, the individual's rights, the covered entity's legal duties, or other privacy practices stated in the Notice. Except when required by law, a material change to any term of the Notice will not be implemented prior to the effective date of the Notice in which such material change is reflected. The revised Notice will be effective for all PHI the practice maintains at that time.

If the Notice is revised, the practice makes the revised Notice available upon request beginning on the revision's effective date. The revised Notice is posted in the practice's reception/waiting room area and made available to all patients, including those who have received a previous Notice. Upon receipt of a revised Notice, a patient is asked to acknowledge receipt of the Notice.

Complaints: The practice allows all patients and their agents to file complaints with the practice and with the Secretary of the U.S. Department of Health and Human Services (DHHS) if he/she believes the practice has violated his/her rights.

Complaints to the practice must be in writing, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints must be addressed to the attention of the practice's Privacy Officer at the practice's address. The practice investigates each complaint and will reply to the patient or the patient's agent.

Complaints to the DHHS must be in writing, must name the practice, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Information on where to file a complaint is listed at the end of this Notice.

The practice does not take any adverse action against any patient who files a complaint (either directly or through an agent) against the practice.

Uses and Disclosures of Protected Health Information

The practice reasonably ensures the protected health information (PHI) it requests, uses, maintains and discloses for any purpose is the *minimum* amount of PHI necessary for that purpose.

The practice treats all qualified individuals as personal representatives of patients. The practice generally allows individuals to act as personal representatives of patients. The two general exceptions to allowing individuals to act as personal representatives relate to unemancipated minors and abuse, neglect, or endangerment situations.

The practice makes reasonable efforts to ensure PHI is only used by and disclosed to individuals that have a right to the PHI. Toward that end, the practice makes reasonable effort to verify the identity of those using or receiving PHI. The practice will not use or disclosure PHI for marketing purposes or sell any PHI without specific authorization. Any other uses and disclosures not described in the Notice will be made only with authorization from the individual.

Uses and Disclosures - Treatment, Payment and Healthcare Operations

The practice uses and discloses PHI for payment, treatment, and healthcare operations. *Treatment* includes those activities related to providing services to the patient, including releasing information to other healthcare providers involved in the patient's care. This may be done verbally, in writing or electronically. *Payment* relates to all activities associated with receiving reimbursement for services provided, including submission to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim. *Healthcare operations* include a number of areas, including quality assurance and peer review activities.

A Business Associate is defined as a vendor that creates receives, maintains or transmits PHI in performing a function, activity or service delegated by the Covered Entity. The practice may share PHI with third party "Business Associates" (BA) that perform various activities (e.g. billing, record copy service) for the practice. Whenever an arrangement between the practice and a BA involves the use or disclosure of PHI, there is a written agreement containing terms that protect the privacy of the patient's information.

Uses and Disclosures of PHI Based Upon Patient's Written Authorization

Other uses and disclosures of patient PHI will be made only with written authorization, unless otherwise permitted or required by law as described below. The patient may revoke such authorization at any time, in writing, except to the extent the practice has already taken an action to use or disclose the PHI in reliance on the use and disclosure indicated in that authorization.

Uses and Disclosures - Not Requiring Authorization

Others Involved in Individual's Care: The practice discloses PHI to those involved in a patient's care when the patient approves or, when the patient is not present or not able to approve, when such disclosure is deemed appropriate in the professional judgment of the practice. When the patient is not present, the practice determines whether the disclosure of the patient's PHI is authorized by law and if so, discloses only the information directly relevant to the person's involvement with the patient's healthcare. The practice does not disclose protected health information to a

suspected abuser, if, in its professional judgment, there is reason to believe such a disclosure could cause the patient serious harm.

Required by Law: The practice uses and discloses PHI to appropriate individuals as required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the laws. The patient will be notified, as required by law, of any such use or disclosure.

Public Benefit: The practice may use or disclose PHI as authorized by law for the following purposes deemed to be in the public interest or benefit.

Public health activities: This includes but is not limited to reporting of communicable diseases and other conditions, sexually transmitted diseases, lead poisoning, Reyes Syndrome, food-borne illnesses, adverse reactions to immunizations, and adverse pregnancy outcomes, death, and birth. Also the practice discloses to employers mandated reports of work-related injury or illness as required under the Occupational Safety and Health Act (OSHA), and reports certain Food and Drug Administration (FDA) oversight purposes with respect to an FDA regulated product or activity.

To report suspected abuse, neglect, or domestic violence: The practice discloses information about a minor, disabled adult, nursing home resident, or person over 60 years of age whom the practice reasonably believes to be a victim of abuse or neglect to the appropriate authorities as required by law or, if not required by law, if the individual agrees to the disclosure. This includes child abuse and neglect, elder abuse and exploitation, abused and neglected nursing home residents, or disabled adult abuse.

The practice informs the individual of the reporting unless the practice, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm or the practice would be informing a personal representative, the practice believes responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the professional judgment of the practice.

Workers' Compensation: The practice may disclose PHI to the extent authorized by laws relating to workers' compensation or similar programs.

Health Oversight Activities: The practice uses and discloses PHI as required by law for health oversight activities. The information may be used and released for audits, investigations, licensure issues, and other health oversight activities, including, but not limited to internal audits and reviews, hospital peer review, managed care peer review, or Medicaid or Medicare peer review.

Judicial and Administrative Proceedings: In general, the practice discloses information for judicial and administrative proceedings in response to an order of a court or an administrative tribunal; or a subpoena, discovery request or other lawful process, not accompanied by a court order or an ordered administrative tribunal.

Law Enforcement Purposes: The practice discloses PHI for law enforcement purposes to law enforcement officials pursuant to subpoenas and other legal processes.

Related to Decedents: The practice discloses PHI as required to a coroner or medical examiner and to funeral directors. The attending physician is required to sign the death certificate and provide the coroner with a copy of the decedent's PHI.

Related to Cadaveric Organ, Eye or Tissue Donations: The practice uses and discloses PHI to facilitate organ, eye or tissue donations and for transplantation as well as in connection with certain research activities..

Avert a Serious Threat to Health or Safety: The practice uses and discloses PHI to public health and other authorities as required by law to avert a serious threat to health or safety.

Specialized Government Functions: The practice uses and discloses PHI for military and veteran's activities, national security, and intelligence activities, and other activities as required by law.

Emergency Situations: The practice uses and discloses PHI as appropriate to provide treatment in emergency situations. In those instances where the practice has not previously provided the Notice to a patient who received direct treatment in an emergency situation, the practice provides the Notice to the individual as soon as practicable following the provision of the emergency treatment.

Disaster Relief Purposes: The practice may use or disclose patient PHI to a public or private entity authorized to assist in disaster relief efforts.

Marketing/Communication Purposes: The practice does not use or disclose any PHI for marketing purposes. The practice may engage in communications about products and services that encourage recipients of the communication to purchase or use the product or service for treatment, to direct or recommend alternative treatments, therapies, healthcare providers, or settings of care to the individual. The definition of marketing broadly applies to any communications about a product or service that encourages a recipient to purchase or use the product or service where financial remuneration is made to the practice, therefore requiring individual authorization. No authorization is required if the communication does not involve remuneration to the practice, is done face to face or is related to a refill reminder or information on a drug or biologic currently prescribed for the patient.

Research: The practice will not disclose PHI without written authorization for the purpose of research.

Other Uses and Disclosures: The practice does not use or disclose PHI to an employer or to an insurance company, agent or broker, for underwriting and related purposes, or for fund-raising purposes. If an individual wants the practice to release his/her PHI to employers or insurance companies, agents or brokers for underwriting and related purposes, then he/she can contact the practice and complete an appropriate written authorization.

Individual Rights

Right to Accounting for Disclosures of Protected Health Information

The practice tracks all disclosures of a patient's PHI occurring for purposes other than treatment, payment, and healthcare operations, that are not made to the individual or to a person involved in the patient's care, that are not made as a result of a patient authorization, and that are not made for national security or intelligence purposes or to correctional institutions or law enforcement officials.

The practice allows an individual to request one accounting of disclosures within a 12-month period for no charge. The practice charges a reasonable fee of \$25.00 for more frequent requests. An individual can request an accounting of disclosures for a period of up to six years prior to the date of the request. Requests for shorter accounting periods will be accepted. However, patients may only request an accounting of disclosures made on or after April 11, 2003.

The practice responds to all requests for an accounting of disclosures within 60 days of receipt of the request. If the practice intends to provide the accounting for disclosures and cannot do so within 60 days, the practice will inform the requestor of such and provide a reason for the delay and the date the request is expected to be fulfilled. Only one 30-day extension is permitted.

A request for an accounting for disclosures must be made on the form provided by the practice for this purpose. Contact the Privacy Officer to obtain such a form and for additional information on making the request.

Right to Access

Individuals have the right, with limited exceptions, to inspect and receive a copy his/her PHI within a designated record set for as long as the practice maintains the PHI. A "designated record set" contains medical and billing records as well as any other records the practice uses for making decisions about the patient. Any request for the inspection and copying of records must be made in writing on the form provided by the practice for this purpose. Contact the Privacy Officer to obtain such a form and for additional information on making the request.

Under federal law, individuals may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and other protected information access to which is restricted by law.

Individuals have the right to a copy of his/her PHI in an electronic format, upon request, and to direct it be sent to another designated person or entity, to the extent his/her medical information is contained in an electronic medical record.

The practice documents all requests. The practice reviews the request in a timely fashion and acts on the request for access generally within 30 days. The practice may have a single extension of 30 days, if needed, to act on the request. Each request will be accepted or denied and the requestor notified in writing. If a request is denied, the requestor is informed if the denial is “reviewable” or not. The requestor has the right to have any denied request reviewed by a licensed healthcare professional who is designated by the practice as a reviewing official and who did not participate in the original decision to deny. The practice informs the requestor of the decision of the reviewing official and adheres to the decision.

The practice charges reasonable fees based on actual cost of fulfilling the request. The practice will determine the appropriate charge for providing the requested records and inform the requestor in advance of providing the records. The practice limits charges for records to the amounts allowed under Illinois law. If the requestor agrees to pay the fee in advance, the records will be provided. Otherwise, the records will not be provided, unless the Privacy Officer determines the charge is burdensome to the requestor.

Right to Request Amendment to Protected Health Information

Individuals have the right to request the practice amend the PHI maintained in his/her medical record or the billing record. The practice documents all requests, responds to those requests in a timely fashion, and informs individuals of their appeal rights when a request is denied in whole or in part.

Generally the practice will act on a request for amendment no later than 60-days after receipt of such a request. If the practice cannot act on the amendment within 60 days, the practice extends the time for such action by 30 days and, within the 60-day time limit, provides the requestor with a written statement of the reasons for the delay and the date by which the practice will complete action on the request. Only one such extension is allowed.

If the practice denies the request, in whole or in part, the practice provides the requestor with a written denial in a timely fashion. The practice allows a requestor to submit a written statement disagreeing with the denial of all or part of the initial request. The statement must include the basis of the disagreement. The practice limits the length of a statement of disagreement to one page.

The practice accepts requests to amend the PHI maintained by the practice. The requests must be made on the form provided by the practice for this purpose. Contact the Privacy Officer to obtain such a form and for additional information on making the request.

Right to Request Confidential Communications

The patient has the right to request the practice communicate about his/her PHI by alternate means or at alternate locations.

A request for confidential communications must be in writing and on the practice’s Request for Confidential Communications form, must specify an alternative address or other method of contact, and must provide information about how payment will be handled. The request must be addressed to the practice’s Privacy Officer. No reason for the request needs to be stated.

The practice attempts to accommodate all reasonable requests. The reasonableness of a request is determined solely on the basis of the administrative difficulty of complying with the request. The practice will reject a request due to administrative difficulty: if no independently verifiable method of communication such as a mailing address or published telephone number is provided for communications, including billing; or if the requestor has not provided information as to how payment will be handled.

The practice will not refuse a request if the requestor indicates the communication will cause endangerment; or based on any perception of the merits of the requestor’s request.

Individuals have the right to a copy of his/her PHI in an electronic format, upon request, and to direct it be sent to another designated person or entity, to the extent their medical information is contained in an electronic medical record.

Right to Request Restriction of Disclosure

The patient has the right to request the practice place additional restrictions on the use or disclosure of his/her PHI. The practice is not required to agree to additional restrictions in the use or disclosure of PHI, but if the practice agrees it is required to abide by these restrictions (except in an emergency situation).

The patient or the patient’s representative has the right to place restrictions on the practice’s disclosure or to direct the practice not to disclose his/her PHI to a health plan if the patient has paid all of the charges out of pocket in full.

All requests for restrictions of disclosures must be made on the form provided by the practice for such a purpose. The Privacy Officer will notify the requestor if the practice does not accept restrictions of disclosure.

Right to Authorizations

The practice obtains written authorization from a patient or the patient’s representative for the use or disclosure of PHI for other than treatment, payment, or healthcare operations. The practice will provide a patient upon request a copy of any authorization initiated by the practice (as opposed to a request from the patient) and signed by the patient.

The practice does not condition treatment of a patient on the significance of an authorization; except for providing healthcare solely for the purpose of creating PHI for disclosure to a third party (e.g. pre-employment or life insurance physicals).

In Illinois, a specific written authorization is required to disclose or release mental health treatment, alcoholism treatment, drug abuse treatment or HIV/AIDS information.

The practice allows an individual to revoke an authorization at any time. The revocation must be in writing and must be sent to the attention of the practice’s Privacy Officer. In any case the practice will be able to use or disclose the PHI to the extent the practice has previously taken action in reliance on the authorization.

Right to Waiver of Rights

The practice never requires an individual to waive any of his/her individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

Right to be Informed of Any Breach of Your PHI:

The practice will notify the patient in writing within 60 days of discovery of a reportable breach of their PHI.

Right to a Paper Copy of This Notice

The patient may request a paper copy of this Notice at any time by contacting our Privacy Officer.

For further information or to file a complaint:

Practice Contact:
Ann Lee Burton, Privacy Officer
SportsMed-Wheaton Orthopaedics, Ltd.
327 Gundersen Drive, Suite A
Carol Stream, IL 60188
Phone: (630) 665-9155, ext. 536
Fax: (630) 665-7764

Office for Civil Rights
U.S. Dept. of Health & Human Services
233 N. Michigan Ave., Suite 240
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