



## **Notice of Privacy Practice**

**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. It also describes your rights and our legal obligations with respect to your medical information. Please review it carefully.**

At Orthopedic Surgery Center of Palm Beach County, LLC, we are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide, and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this medical practice properly. This summary is for your convenience and is not a substitute for reading the entire Notice of Privacy Practices, nor does it modify the terms of the Notice.

THIS NOTICE DESCRIBES HOW ORTHOPEDIC SURGERY CENTER OF PALM BEACH COUNTY, LLC, MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective: January 2, 2012.

### **HOW MAY ORTHOPEDIC SURGERY CENTER OF PALM BEACH COUNTY, LLC USE OR DISCLOSE YOUR HEALTH INFORMATION?**

#### **For Treatment:**

- We may use medical information about you to provide your medical care and we may share it with our employees and others who are involved in providing your care
- We may share your medical information with other health care providers, or with a pharmacist or lab, which need it to provide care, dispense a prescription, or perform a test.

#### **For Payment:**

- We may use and disclose medical information about you to obtain payment for our services.
- We may give your health plan information needed for it to pay us, or disclose information to other health care providers to help them obtain payment for services they have provided to you.

#### **Business Associates:**

- We may share your medical information with our business associates who perform services for us.

#### **Operations:**

- We may use and disclose medical information about you to operate our practice, to review and improve the quality of care we provide, or the competence and qualifications of our staff, or to request that your health plan authorize services or referrals.



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### **Appointment Reminders:**

- We may telephone you to remind you about appointments and may leave this information with the person answering the phone or on your answering machine. (See confidential communications below)

### **Reception:**

- We may call out your name when we are ready to see you.

### **Notification & Communication:**

- We may disclose your health information to a family member or close friend or other person you identify in writing, if relevant to that person's involvement in your care or payment for your care.

### **Worker's Compensation:**

- We may disclose your health information as necessary to comply with worker's compensation.

### **As Required by Law:**

By law we may be required to disclose your health information for matters of public health & health oversight, judicial & administrative proceedings, law enforcement, for coroner's investigations, to avert a serious threat to the public health, or for specialized government functions. We will limit our use or disclosure to the relevant requirements of the law.

### **When will Orthopedic Surgery Center of Palm Beach County, LLC, NOT use or Disclose your health information?**

Except as described in our Notice of Privacy Practices, Orthopedic Surgery Center of Palm Beach County, LLC will NOT use or disclose health information which identifies you without your written authorization.

**WHAT ARE YOUR RIGHTS?** You have the following rights under the law:

### **Special Privacy Protection:**

- You may request in writing restrictions on certain uses and disclosures of your health information.

### **Confidential Communications:**

- You may request in writing that you receive your health information in specific way or at a specific location, or that we not leave information at a specific location.

### **Inspect and Copy:**

- You may inspect and copy your health information, with limited exceptions, by submitting a written request. We may charge a fee, as allowed by Florida law

### **Amend or Supplement:**



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- You may request in writing that we amend health information that you believe is incorrect or incomplete. We are not required to change your health information, and will provide you with information about any denial and how you can disagree with the denial.