



## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

Headwaters Orthopedics, P.L.C., is required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of its legal duties and privacy practices with respect to your protected health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Headwaters Orthopedics, P.L.C., please contact:

Glenn R. Johnson, M.D.  
Privacy Officer  
(218) 243-3444  
207 Bear Creek Lane NW  
Bemidji, MN 56601

**Effective Date of This Notice: January 31, 2005**

### **I. How Headwaters Orthopedics, P.L.C., may use or disclose your Protected Health Information**

Headwaters Orthopedics, P.L.C., collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record, including all X-rays, is the property of Headwaters Orthopedics, P.L.C., but the information in the medical record belongs to you. Headwaters Orthopedics, P.L.C. protects the privacy of your protected health information. The law permits Headwaters Orthopedics, P.L.C. to use or disclose your protected health information for the following purposes:

- a) **Treatment:** In order to provide, coordinate and manage your healthcare, the Practice will provide your PHI to those healthcare professionals, whether on the Practice's staff or not, directly involved in your care so that they may understand your medical condition and needs and possibly provide advice or treatment (e.g., a specialist or laboratory). For example, a physician treating you for a condition such as arthritis may need to know what medications have been prescribed for you by the physicians in this Practice.
- b) **Payment:** In order to get paid for services provided to you, the Practice will provide your PHI, directly or through a billing service, to appropriate third party payors, pursuant to their billing and payment requirements. For example, the Practice may need to provide your health insurance carrier or, if you are over 62, the Medicare program with information about healthcare services that you received from the Practice so that the Practice can be properly reimbursed. The Practice may also need to tell your insurance plan about the need to hospitalize you so that the insurance plan can determine whether or not it will pay for the expense.
- c) **Health Care Operations:** In order for the Practice to operate in accordance with applicable law and insurance requirements, and in order for the Practice to continue to provide quality it may be necessary for the Practice to compile, use and/or disclose your PHI. For example, the Practice may

use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you.

## II. Authorization Not Required

The Practice may use and/or disclose your PHI, without a written authorization from you, in the following instances:

- a) De-Identified Information: Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
- b) Business Associate: To a business associate; this is someone who the Practice contracts with to provide a service necessary for your treatment, or payment for your treatment and healthcare operations (e.g., billing service or transcription service). The Practice will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.
- c) Personal Representative: To a person who, under applicable law, has the authority to represent you in making decisions related to your healthcare.
- d) Public Health Activities: Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes report of child abuse or neglect.
- e) Federal Drug Administration: If required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post- marketing surveillance.
- f) Abuse, Neglect or Domestic Violence: To a government authority if the Practice is required by law to make such disclosure. If the Practice is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if the Practice believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
- g) Health Oversight Activities: Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the healthcare system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's healthcare system.
- h) Judicial and Administrative Proceedings: For example, the Practice may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
- i) Law Enforcement: In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (e.g., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is, or is suspected to be, a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Practice; and (6) a medical emergency (not on the Practice's premises) has occurred, and it appears that a crime has occurred.
- j) Coroner or Medical Examiner: The Practice may disclose your PHI to a coroner or medical examiner for the purpose of identifying or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out his duties.
- k) Organ, Eye or Tissue Donation: We may disclose your protected health information to organizations involved in procuring, banking or transplanting organs and tissues.
- l) Research: If the Practice is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.
- m) Avert a Threat to Health or Safety: The Practice may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- n) Specialized Government Functions: When the appropriate conditions apply, the Practice may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by and efficient appropriate military command authorities; (2) for the purpose of a determination by the

Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of the foreign military service. The Practice may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provisions of protective service to the President or others legally authorized.

- o) Inmates: The Practice may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you, or is necessary for the health and safety of other individuals or inmates.
- p) Workers' Compensation: If you are involved in a Workers' Compensation claim, the Practice may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
- q) Required by Law: If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

### **III. When Headwaters Orthopedics, P.L.C., May Not Use or Disclose Your Protected Health Information**

Except as described in this Notice of Privacy Practices, Headwaters Orthopedics, P.L.C., will not use or disclose your protected health information without your written authorization. If you do authorize Headwaters Orthopedics, P.L.C., to use or disclose your protected health information for another purpose, you may revoke your authorization in writing at any time.

#### **AUTHORIZATION**

Uses and/or disclosures, other than those described above, will be made only with your written authorization.

#### **SIGN-IN-SHEET**

The Practice may use a sign-in sheet at the registration desk. The Practice may also call your name in the waiting room when your physician or physician assistant is ready to see you.

#### **APPOINTMENT REMINDER**

The Practice may, from time to time, contact you to provide appointment reminders.

#### **TREATMENT ALTERNATIVES/ BENEFITS**

The Practice may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

#### **MARKETING**

The Practice may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about this Practice. Marketing also includes the receipt by the Practice of remuneration, directly or indirectly, from a third party whose product or service is being marketed. The Practice will inform you if it engages in marketing and will obtain your prior authorization.

#### **FUND RAISING**

The Practice may use and/or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fund raising activities supported by the Practice. If you do not want to receive these materials, please contact the Practice's Privacy Officer to request that these fund-raising materials not be sent to you.

#### **ON-CALL COVERAGE**

In order to provide on-call coverage for you, it is necessary that the Practice establish relationships with other physicians who will take your call if a physician from the Practice is not available. Those 'on-call' physicians will provide the Practice with whatever PHI that they create and will, by agreement, keep your PHI confidential.

#### **FAMILY/FRIENDS**

The Practice may disclose to a family member, other relative, close personal friend or any other person identified by you, your PHI directly relevant to such person's involvement with your care or

the payment for your care. The Practice may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in cases, the following conditions will apply:

- a) If you are present at, or prior to the use or disclosure of, your PHI, the Practice may use or disclose your PHI if you agree, or if the Practice provides you with opportunity to object and you do not object, or if the Practice can reasonably infer from the circumstances, based on the exercise of its professional judgment, that you do not object to the use or disclosure.
- b) If you are not present, the Practice will, in the exercise of professional judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

#### **IV. YOUR RIGHTS**

You have the right to:

- a) Revoke any authorization, in writing, at any time. To request a revocation, you must submit a written request to the Practice's Privacy Officer.
- b) Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Practice is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Practice's Privacy Officer. In your written request, you must inform the Practice of what information you want to limit, whether you want to limit the Practice's use or disclosure, or both, and to whom you want the limits to apply. If the Practice agrees to your request, the Practice will comply with your request unless the information is needed in order to provide you with emergency treatment.
- c) Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to the Practice's Privacy Officer. The Practice will accommodate all reasonable requests.
- d) Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Practice's Privacy Officer. The Practice can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, the Practice may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.
- e) Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Practice's Privacy Officer. You must provide a reason that supports your request. The Practice may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by the Practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the Practice, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Practice's denial, you will have the right to submit a written statement of disagreement.
- f) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Practice's Privacy Officer. The request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free, but the Practice may charge you for the cost of providing additional lists. The Practice will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
- g) Receive a paper copy of this Privacy Notice from the Practice upon request to the Practice's Privacy Officer.
- h) believe your privacy rights have been violated. To file a complaint with the Practice, you must contact the Practice's Privacy Officer. All complaints must be in writing.

To obtain more information, or have questions about your rights answered, you may contact the Practice's Privacy Officer, Glenn R. Johnson, M.D. at (218) 243-3444.

#### **V. Changes to this Notice of Privacy Practices**

Headwaters Orthopedics, P.L.C., reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Headwaters Orthopedics, P.L.C., is required by law to comply with this Notice.

#### **PRACTICE REQUIREMENTS**

The Practice:

- a) Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Practice's legal duties and privacy practices with respect to your PHI.
- b) Is required to abide by the terms of the Privacy Notice.
- c) Reserves the right to change the terms of this Privacy notice.
- d) Will not retaliate against you for making a complaint.
- e) Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.

#### **VI. Complaints**

Complaints about this Notice of Privacy Practices or how Headwaters Orthopedics, P.L.C., handles your protected health information should be directed to:

Glenn R. Johnson, M.D., Practice Manager, Privacy Officer

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.