



OCEANA SPORTS MEDICINE & ORTHOPAEDIC CENTER

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date 10/1/2015

Oceana Sports Medicine and Orthopedic Center PLLC. (OSMOC) and its staff are committed to protecting your medical information. If you have any questions about this notice or if you need more information please contact our Office Manager / Privacy Officer: Heidi Schmitt, 1232 Perimeter Pkwy, Suite 205, Virginia Beach, VA 23454 Tel: 757-821-2095 Fax: 757-264-6270

ABOUT THIS NOTICE

The law requires us to maintain the privacy of protected health information and to give you this notice explaining our privacy practices which regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your protected health information, and this notice will explain your rights and our obligations. We are required to abide by the terms of the current version of this notice.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information is information that individually identifies you and that we create or get from you or from another healthcare provider, health plan, your employer, or a healthcare clearinghouse and that relates to the following:

1. Your past, present, and future physical or mental health conditions
2. The provision of healthcare to you
3. The past, present or future payments for your health care

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

We may use and disclose your protected health information in the following circumstances:

- For Treatment: We may use or disclose your protected health information to give your medical treatment or services, and to manage and coordinate your medical care. For example, your protected health information may be provided to the physician to whom you have been referred to in order to facilitate your care.
- For Payment: We may use and disclose your protected health information so that we can bill for the treatment, or services you received from us, and to enable us to collect payment from you, the health plan, or a third-party. For example we may give your health plan information about your treatment in order for your health plan to agree to pay for the treatment.
- For Healthcare Operations: We may use and disclose your protected health information for our healthcare operations, for example to internally review the quality of the treatment services you receive and to evaluate the performance of our team members and caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students another authorized personnel for educational and learning purposes.
- Appointment Reminders: We may use and disclose protected health information to contact you to remind you that you have an appointment for medical care with us.
- Minors: We may disclose the protected health information of minor children to their parents or guardians unless such a disclosure is otherwise prohibited by law.

- Research: We may use and disclose your protected health information for research purposes, but we will only do that if the research has been especially approved and authorized institutional review board or a privacy board that has reviewed the research proposal and a set of protocols to ensure the privacy of your protected health information. We reserve the right to use appropriately de-identified and encrypted protected health information, which cannot be linked back to you, for the purposes of clinical research and data collection, analysis, reporting and medical research related publication.
- As Requested by Law: We will disclose protected health information about you when required to do so by international, federal, state and local law.
- To Avert a Serious Threat To Health or Safety: We may use and disclose protected health information when necessary to prevent a serious threat to your health or safety, or to the health or safety of others. We will release the necessary information to someone who may be able to help prevent the threat.
- Business Associates: We may disclose protected health information to our business associates who perform functions on our behalf or provide us with services, if the protected health information is necessary for those functions or services, for example transcription and billing. All of our business associates are obligated under contract with us to protect the privacy and ensure the security of your protected health information.
- Organ and Tissue Donation: If you are an organ or tissue donor, we may use or disclose your protected health information to organizations that handle organ procurement for transplantations – such as an organ donation bank.
- Abuse, Neglect or Domestic Violence: We will disclose protected health information to the appropriate governmental authority if we believe the patient has been a victim of abuse, neglect or domestic violence, and the patient agrees, or we are required and authorized by law to make the disclosure.
- Military and Veterans: If you are a member of the Armed Forces or military we may disclose protected health information that is required, to the appropriate military command authorities.
- Worker's Compensation: We may use or disclose protected health information for Worker's Compensation or similar programs that provide benefits for work-related injuries or illnesses.
- Public Health Risk: We may disclose protected health information for public-health activities, for example for purposes related to quality, safety or effectiveness of an FDA regulated product, to prevent or control disease, injury or disability, or to notify people of recalls of products they may be using.
- Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law, for example audits, investigations, licensure and similar activities.
- Data Breach Notification Purposes: We may use or disclose your protected health information to provide legally required notices of authorized access to or disclosure of your health information.
- Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose protected health information in response to the courts or administrative order, subpoena or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose protected health information to defend ourselves in the event of a lawsuit.
- Law-Enforcement: We May disclose protected health information, so long as applicable legal requirements are met, for law-enforcement purposes.
- Military Activity and National Security: If you are involved in military, national security or intelligence activities or if you are in law-enforcement custody, we may disclose your protected health information to authorized officials so they may carry out their legal duties under the law.
- Coroners, Medical Examiners, and Funeral Directors: We may disclose protected health information to a corner, medical examiner, or a funeral director so that they can carry out their duties.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT:

- Individuals Involved In Your Care For Payment For Your Care: Unless you object, we may disclose to a member of your family, relatives, a close friend or any other person you identified, your protected health information that is directly related to that person's involvement in your healthcare. If you're unable to agree, or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- Disaster Relief: We may disclose your protected health information to disaster relief organizations that seek your protected health information to coordinate your care, or notify family and friends of your locational condition disaster. We will provide you with an opportunity to agree or object such as a disclosure whenever we practicably can do so.
- Fundraising Activities: We may use or disclose your protected health information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES HER DISCLOSURES:

The following disclosures of your protected health information will be made only with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes
2. Disclosures that constitute a sale of your protected health information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our privacy officer and we will no longer disclose. Disclosure that have already been made based on your previous authorization before opting out, will not be affected by the revocation.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

You have the following rights, subject to certain limitations, regarding your protected health information:

- Right to Inspect And Copy: You have the right to inspect and copy protected health information that may be used to make decisions about your care payment for your care. We have up to 30 days to make your protected health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge a fee if you need information for a claim for benefits from Social Security or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who is not directly involved in the denial of her request and consideration will be made to comply with outcome of the review.
- Right to a Summary Of Explanation: We can provide you with a summary of your protected health information rather than the entire record, or we can provide you with an explanation of the protected health information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- Right to an Electronic Copy of Electronic Medical Record: If your protected health information is maintained in an electronic format you have the right to request that copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form of a format your request, if it is readily producible in such a form or format. If protected health information is not readily producible in the form or format your request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hardcopy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting electronic medical record.
- Right to Get Notice of Breach. You have the rights to be notified upon a breach of any of your unsecured protected health information.
- Right to Request Amendments: If you feel that the protected health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us or for us. A request for amendment must be made in writing to the privacy officer at the address provided at the beginning of this notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for

an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such a rebuttal.

- Right to an Accounting of Disclosures: You have the right to ask for an "accounting of disclosures", which is a list of the disclosures were made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this notice. It excludes disclosures we made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. The first accounting of disclosures your request within any 12 month will be free. For additional requests within the same period we will charge you for the reasonable cost of providing the accounting.

- Right to Request Restrictions: You have the right to request restrictions or limitations on the protected health information we use or disclose for treatment, payment, or healthcare operations. You also have the right to request limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your protected health information, you must submit a written request to the privacy officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you're asking us to restrict the use and disclosure of protected health information to a health plan for payment or for healthcare operations purposes, and such information you wish to restrict pertains solely to healthcare item or service for which you have paid "out-of-pocket". If we do agree to the required restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

- Out-Of-Pocket Payments: If you paid "out-of-pocket" in full (or you have requested that we not bill your health plan) for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment for healthcare operations, and we will honor that request.

- Right to Request Confidential Communications: You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address, or that we call you only at your work number. You must make any such request in writing and you must specify how and where we are to contact you. We will accommodate all reasonable requests. We will not ask you for the reason for your request.

- Right to a Paper Copy of This Notice: You can receive a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time.

HOW TO EXERCISE YOUR RIGHTS

To exercise your rights describing this notice, send your request, in writing, to our privacy officer at the address listed at the beginning of this notice. We may ask you to fill out a request form that we will supply. To exercise your right to inspect and copy your protected health information, you may also contact your physician directly.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the changes to the notice effective for protected health information we already have as well as for any protected health information we create or receive the future. The copy of our current notice is posted in our office and on our website.

COMPLAINTS

You may file a complaint with us or with the Secretary at the State Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, contact our privacy officer at the address listed in the beginning of the notice. All complaints must be made in writing and should be submitted within 180 days of when you knew, or should have known, of the suspected violation. To file a complaint with the Secretary, mail it to: Secretary of the US Department of Health and Human Services, 200 Independence Ave., S.W., Washington DC 20201. There will be no retaliation against you for filing a complaint.