

You have the right to receive a free accounting every twelve (12) months. If you request more than one (1) accounting in a twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list. We will notify you of the charge for such a request and you can then choose to withdraw or change your request before any costs are incurred.

Right to Receive a Copy of the Notice of Privacy Practices: You have the right to a paper copy of this Notice of Privacy Practices, even if you have agreed to receive this notice in another form. To obtain a paper copy of this notice, contact the OSS privacy officer.

Complaints

If you believe that we have violated your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting in writing and sending it to:

Name of Contact Paul Olive
Title Privacy Officer
Address Orthopaedic Specialists
of Springfield, P.C.
3045 South National Avenue
Springfield, MO 65804
Phone Number 417-882-1900

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at 1-800-368-1019 (any language) or 1-800-537-7697 (TDD), or review the web-site: <http://www.hhs.gov/ocr/howtofileprivacy.pdf>. **You will not be retaliated against for filing a complaint with either OSS or the U.S. Department of Health and Human Services.**

Changes to This Notice of Privacy Practices

We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we make can be effective for any health information that we have about you and any information that we might obtain. Each time you receive services from OSS, we will have available the most current copy of our Notice of Privacy Practices. The most recent version of Privacy Practices will be posted in our building. Also, you can call or write our contact person, whose information is included in this Notice of Privacy Practices, to obtain the most recent version of this manual.



ORTHOPAEDIC SPECIALISTS
of Springfield, P.C.

NOTICE OF PRIVACY PRACTICES

Effective Date: January 2004

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NOTICE OF PRIVACY PRACTICES

Effective Date: January 2004

Orthopaedic Specialists of Springfield, P.C. and participants in the (OHCA) Organized Healthcare Arrangement:

Burrell, Inc.
Litton-Giddings Radiological Associates, Inc.
(radiologists)
Ozark Anesthesia Associates, Inc. (anesthesiologists)
Pathology Services of Springfield, PC

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.

This notice is intended to inform you about our practices related to the protection of the privacy of your medical records. Generally, we are required by law to ensure that medical information that identifies you is kept private. Further, we must give you this information related to our legal duties and privacy practices with respect to medical information we create or receive about you. We are required by law to follow the terms of the notice that is currently in effect.

This notice will explain how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to medical information that we have about you. This notice applies to the medical information that is generated in or by Orthopaedic Specialists of Springfield, P.C.

With a few exceptions, we are required to obtain your authorization for the use or disclosure of information for reasons other than for treatment, payment or health care operations. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of the categories.

If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at Orthopaedic Specialists of Springfield, P.C. about any of the information

contained in this Notice of Privacy Practices, the contact person is:

Paul Olive; Privacy Officer
Orthopaedic Specialists of Springfield, P.C.
3045 South National Avenue
Springfield, MO 65804
(417) 822-1900

In addition to Orthopaedic Specialists of Springfield, P.C. employees, medical staff, and other Orthopaedic Specialists, P.C. personnel, the following persons will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional who is authorized to enter information in your medical record;
- Any member of a volunteer group that we allow to help you while you are in our office;
- Students conducting internships, clinical practice. Students who care for you or observe in any of our settings.
- Orthopaedic Specialists of Springfield, P.C. and participants of our OHCA listed on page 2 of this Notice of Privacy Practices. These participants follow the terms of this Notice of Privacy Practices. In addition, these participants may share medical information for treatment, payment or health care operations as they are described in this Notice of Privacy Practices. These participants are hereinafter referred to collectively with Orthopaedic Specialists of Springfield, P.C.

Use and Disclosure of Medical Information for Treatment, Payment or Health Care Operations

We can use or disclose medical information about you regarding your treatment, payment for services or for Orthopaedic Specialists of Springfield, P.C. (hereinafter referred to as OSS) operations.

For Treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, technicians, students or other OSS personnel who are involved in your treatment. For example, a doctor may need to know what drugs you are allergic to before prescribing medications. OHCA participants throughout OSS may share medical information about you to coordinate your care. For instance, the laboratory may request information to complete lab work. We also may disclose information to covered entities that are not affiliated with OSS for your treatment (e.g., pharmacists, emergency medical providers, and unaffiliated physicians).

For Payment: We may use and disclose your medical information to bill and receive payment for the treatment you received. For example, we may use or disclose your medical information to your insurance company about a service you received at OSS so that your insurance company can pay us or reimburse you for the service.

We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it. We may use or disclose your medical information to a Court about a service you received at OSS in order to collect an unpaid account. We also may disclose your information so that other covered entities may obtain payment for treatment that they have provided (e.g., ambulance service providers, Emergency Physicians of Springfield, Litton-Giddings Radiological Associates, Inc. Ozark Anesthesia Associates, Inc., Pathology Services of Springfield, P.C.). Please be aware that you may receive separate bills from these independent contract groups.

For Health Care Operations: We can use and disclose medical information about you for OSS operations. These include uses and disclosures that are necessary to run OSS and make sure that our patients receive quality care. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you. Medical information about you and other patients may also be combined to allow us to evaluate whether OSS should offer additional services or discontinue other services and whether certain treatments are effective. We may also compare this information with other health care systems to evaluate whether we can make improvements in the care and services we offer.

Uses and Disclosures of Medical Information that do not Require Your Authorization:

We can use or disclose health information about you without your authorization when there is an emergency, when we are required by law to treat you, when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining consent from you. As allowed by the regulations, we may use or disclose your health information without your authorization in the following circumstances.

- When it is required by law;
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.;
- When reporting information about victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure or disciplinary actions or legal proceedings.
- When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law, for instance, in response

- to a court order, such as a court-ordered subpoena;
- When disclosing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness or missing person or regarding a victim of a crime who can not give authorization because of incapacity;
- When disclosing information about deceased persons to medical examiners, coroners and funeral directors;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information related to a research project when a waiver of authorization has been approved by the Institutional Review Board;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;
- When disclosure is necessary for specialized government functions, such as military service, for the protection of the president or for national security and intelligence activities;
- When required by military command authorities, if you are a member of the armed forces (or if foreign military personnel, to appropriate foreign military authorities);
- In the case of a prison inmate, information can be released to the correctional facility in which he or she resides for the following purposes: (1) for the institution to provide the inmate with health care; (2) to protect the health and safety of the inmate or the health and safety of others; (3) for the safety and security of the correctional facility; and
- When disclosure is necessary to comply with worker's compensation laws or purposes.

Planned Uses or Disclosures to Which You May Object

We will use or disclose your health information for the purposes described in this section unless you object to or otherwise restrict a particular release. You must direct your written objections or restrictions to the OSS Privacy Officer.

- We may use or disclose your health information to contact you and to remind that you have an appointment for treatment or medical care.
- Your physician may automatically or upon your request mail follow up letters and results of diagnostic tests to your preferred mailing address.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options, alternatives or health benefits or services that may interest you.
- We may use and disclose your health information to inform you about health benefits or services that may interest you.
- The Hospital may use or disclose your health information in order to include you in the hospital's patient directory. Directory information includes

your name, location in the hospital. In addition, a member of clergy may obtain your religious affiliation, even if they do not ask for you by name.

- We may disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, ie., The American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.
- With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care in order to facilitate that person's involvement in caring for you. If you are incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We can also give this information to someone who will help or is helping to pay for your care.

Other Uses or Disclosures

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

Your Rights with Respect to Health Information

Right to Request Restrictions: You have the right to request that we restrict use or disclosure of your health information. We are obligated to determine if the request is reasonable and appropriate. After analysis, we may determine that the requested restrictions cannot be honored. If we do agree to adhere to your restrictions, we will comply with your request unless the information is needed to provide you with treatment. Requests to restrict uses or disclosures must be made in writing to OSS Privacy Officer. Your request must indicate (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply.

Right to Receive Information in Certain Form and Location: You have the right to receive information about your health in a certain form and location. For instance, you can request that we not contact you at work. To request confidential communications, you must make your request in writing to the OSS Privacy Officer.

This request must tell us how and/or where you want to receive information. We will accommodate reasonable requests.

Right to Inspect and Copy PHI: You have the right to inspect and copy your protected health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit your request in writing to the OSS Privacy Officer. If you request copies of information, we will charge a fee for costs associated with your request, including the cost of copies, mailing or other supplies in accordance with Federal and/or State regulations.

In limited circumstances we can deny access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by OSS will review your request and the denial. We will adhere to the decision of that reviewer.

Right to Request Amendment to PHI: You have a right to request that your protected health information be amended if you believe that it is incorrect or incomplete. You have a right to request an amendment for as long as OSS keeps the information. To request an amendment in your information, you must submit a written request to the OSS privacy officer. This written request must include why you want the information amended and why you believe the information is incorrect or incomplete. We can deny your request if it is not in writing and if it does not include a reason why the information should be amended. We can also deny your request for the following reasons: (1) the information was not created by OSS, unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by OSS; (3) the information is not part of the information that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete.

Right to an Accounting of Disclosures: You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in writing to the OSS privacy officer. Your request must state the time period that may not be longer than six (6) years and may not include dates before January 1st 2004. You should include how you want the information reported to you, i.e., by paper, electronically etc.