

# Acadiana Orthopedic Group

## NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used.

As required by HIPAA we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may disclose your Private Health Information (PHI).

### **HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED**

**To Provide Treatment** - We may use PHI about you to provide you with health care treatment or services.

For example, we may share your health information with referring physicians, clinical and pathology laboratories, pharmacies or other health care personnel involved in your treatment.

**To Obtain Payment** - We may use and disclose PHI about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. We may do this by sending the information by mail or electronically. For example, we may need to give your diagnosis and treatment information in order to assist the insurer in processing the claim. We may also need to tell your health insurance about treatment you are planning to receive to obtain prior authorization.

**To Conduct Health Care Operations** - We may use and disclose PHI about you for operations of our health care practice such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. For example, we may use PHI about you to train business and clinical employees. Disclose your health information during audits by insurance companies or government agencies. Your PHI may be used and disclosed during routine processes of certification, licensing or credentialing activities.

We may contact you to provide appointment reminders or information about your treatment alternatives or other health-related benefits and services that may be of interest to you. This may require us to leave a message on an answering machine, voice mail, or to leave a message with a family member if you are unavailable.

We may release health information about you to a family member, other relative, close personal friend, or any other person identified by you, verbally or in writing, who is involved in your medical care.

Other than for reasons stated above, or where Federal, State or Local law require us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time. We are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

### **YOU HAVE THE FOLLOWING RIGHTS**

**Restriction** - You have the right to request that we restrict our use or disclosure of your PHI for treatment, payment, or health care operations, or with family, friends, or others you identify. We are not required to agree to your request. If we do agree, we will honor our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing and agreed to by our Privacy Officer.