

NOTICE OF PRIVACY PRACTICES  
FOR  
BIRMINGHAM ORTHOPAEDICS & SPORTS MEDICINE, PLLC  
Effective date of this Notice: April 14, 2003

**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 of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). Birmingham Orthopaedics & Sports Medicine, PLLC is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are committed to protecting your health information.

**How we may use and disclose health information about you.**

The practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the Practice has obtained your authorization or the HIPAA Privacy Regulations or State law otherwise permits the use or disclosure. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile.

For Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription, to a physical therapist, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

For Payment: Your protected health information will be used, as needed, to obtain payment for the services that we provide. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if a hospital admission is recommended, we may need to disclose information to your health insurer to get prior approval for the hospitalization. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

For Operations: We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of the practice and to provide quality care to all patients. Health care operations include: Quality assessment, employee reviews, training programs, accreditation, certification, or licensing, reviews and audits. In some situations, we may also disclose patient information to another provider or health plan for their health care operations.

**Uses and disclosures beyond treatment, payment, and health care operations permitted without authorization or opportunity to object.**

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

- When Legally required.
- When there are risks to public health.
- To report abuse, neglect, or domestic violence.
- To conduct health oversight activities.
- In connection with judicial and administrative proceedings.
- For law enforcement purposes.
- To coroners, funeral directors, and for organ donation.
- For research purposes.

- In the event of a serious threat to health or safety.
- For specified government functions.
- For Worker's Compensation.

### **Uses and disclosures permitted without authorization but with opportunity to object.**

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or other involved in your care concerning your location, condition, or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interest for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

### **Uses and disclosures which you authorize.**

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

### **Your Rights.**

You have the following rights regarding your health information.

The right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information.

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

To inspect and copy your medical information, you must submit a written request to the practice Privacy Officer. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical records.

The right to request a restriction on uses and disclosures of your protected health information.

You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as restriction requested and to whom you want the restriction to apply.

The practice is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the practice does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

The right to have your physician amend your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for 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 rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

The right to receive an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by the practice. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization.

#### **Our Duties.**

The practice is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If the practice changes its Notice, we will provide a copy of the revised Notice through in-person contact.

#### **Complaints.**

You have the right to express complaints to the practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the practice by contacting the practice's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

#### **Contact Person.**

The practice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the practice, can be mailed to the Privacy Officer by sending it to:

Birmingham Orthopaedics & Sports Medicine, PLLC  
ATTN: Privacy Officer  
31000 Lahser, Suite 2  
Beverly Hills, MI 48025

The Privacy Officer can be contacted by telephone at 248-647-0660.

## NOTICE AND ACKNOWLEDGEMENT

### **Acknowledgement:**

I acknowledge that I have received Birmingham Orthopaedics & Sports Medicine Notice of Privacy Practices:

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_\_  
Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient: