

NOTICE OF PRIVACY PRACTICES

Pontchartrain Bone & Joint Clinic

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 describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and disclosures of protected health information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our facility that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of our physician practice facility and any other use required by law.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your health care in any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment:

Your protected health information will be used, as needed, to obtain payment for your health care services. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures and medical supplies used in your treatment. We may also disclose health information about you to your insurance plan in order to obtain prior approval for the service we provide to you or to determine that your insurance plan will pay for the treatment.

Health Care Operations:

We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, and business functions of our facility.

Other permitted uses and disclosures:

As required by law, public health activities, health oversight activities, legal proceedings, workers compensation, law enforcement, coroners, medical examiners or funeral directors, public safety, correctional institutions and military activity and national security

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required or allowed by law.

Your rights regarding your health information

Right to inspect and copy: You have the right to inspect and copy your health information except in cases where the information is subject to law that prohibits access to it.

Right to amend: You have the right to request an amendment of your health information that is maintained by our facility when you believe it is incorrect or incomplete. 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.

Right to an accounting of disclosures: You have the right to request an accounting of certain disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations or as a result of your written authorization.

Right to request restrictions: You have the right to ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, it will not be restricted.

Right to request confidential communications: You have the right to request to receive confidential communications from us by an alternative means or at an alternative location.

Right to a paper copy of this Notice: You have the right to receive a paper copy of this Notice upon request.

If you have any questions regarding this notice, please contact our Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services. To file a complaint with our facility, contact our Privacy Officer. There will be no retaliation for filing a complaint.