

**FALMOUTH ORTHOPAEDIC CENTER**  
20 NORTHBROOK DRIVE  
FALMOUTH, MAINE 04105  
TEL:207-781-4424

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

1. Introduction

This Notice of Privacy Practices describes how Falmouth Orthopaedic Center may use and disclose your protected health information ("PHI") to provide treatment to you; to seek payment for the medical services you receive; and to support the legitimate health care operations of our practice.

"PHI" includes your demographic information such as name, address, telephone number, and family; past, present, or future information about your physical or mental health or condition; and information about the medical services provided to you, including payment information, if any of that information may be used to identify you.

The Notice describes uses and disclosures of PHI to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your PHI.

This Notice is effective January 1, 2010. We may amend this Notice of Privacy Practices periodically and you may obtain a current copy of the Notice by contacting the office staff at any time.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice, the consent you have signed, and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of PHI necessary to support your relationship with Falmouth Orthopaedic Center.

If you have any questions about Falmouth Orthopaedic Center's Notice of Privacy Practices, please contact our Privacy Contact, Claudia Shedd, at 207-781-4424.

2. Safeguarding PHI Within the Office

We have in place appropriate administrative, technical, and physical safeguards to protect the privacy of your PHI. We regularly train our staff on the obligation to protect the privacy of your PHI. We hold medical records in a secure area within the office. Only staff members who have a "need to know" are permitted access to your medical records and other PHI. Our staff understands the legal and ethical obligation to protect your PHI and that a violation of this Notice of Privacy Practices will result in discipline in accordance with our personnel policy.

3. Uses and Disclosures of PHI Based Upon Your Written Consent

You signed our "Consent to Use and Disclosure of Protected Health Information" when you joined our practice. Based upon this consent, our practice will use and disclose your PHI for the following types of activities.

- Treatment. Treatment means the provision, coordination, or management of your health care and related services by Physician/Practice Name and other health care providers involved in your care. It includes the coordination or management of health care by a provider with a third party, consultation between our practice and other health care providers relating to your care, or our practice's referral of you to a specialist physician or other practitioner or facility, such as a laboratory.

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- Payment. Payment means our activities to obtain reimbursement for the medical services provided to you, including billing, claims management, and collection activities. Payment also may include your insurance carrier's work in determining eligibility, claims processing, assessing medical necessity, and utilization review.
- Health Care Operations. Health care operations means the legitimate business activities of our medical practice. These activities include, for example, quality assessment and improvement activities; practitioner performance evaluation; fraud & abuse compliance; business planning & development; and business management & general administrative activities. For example, we may use a patient sign-in sheet at the front desk; we may call you by name in the waiting room when we are ready to serve you; and we may leave a reminder of your appointment on your answering machine or voicemail. Also, we may send you a newsletter about our practice. When we involve third parties, such as billing services, in our business activities, we will have them sign a "business associate" agreement obligating them to safeguard your PHI according to the same legal standards we follow. If we maintain a facility directory, we will include your name, a general statement about your condition, your religious preference, and your location in the facility.
- Family & Close Friends Involved in Your Care. You have consented to disclosure of PHI that, in Falmouth Orthopaedic Center's judgment, is in your best interest to disclose to your family members and close friends who are involved in your health care.

#### 4. Uses and Disclosures of PHI Based Upon Your Written Authorization

From time to time, you may request that Falmouth Orthopaedic Center disclose limited PHI to specified individuals or companies for a defined purpose and timeframe. These situations may include disclosures of sensitive PHI, such as HIV status or information about sexually-transmitted diseases, mental health or psychiatric treatment, or substance abuse services. Also, you may authorize disclosures to individuals who are not involved in treatment, payment, or health care operations, such as attorneys if you are involved in litigation either on your own or another's behalf. If you wish us to make disclosures in these situations, we will ask you to sign our "Authorization to Use and Disclose Protected Health Information."

#### 5. Uses and Disclosures of PHI that are Permitted or Required by Law

In some circumstances, we may use or disclose your PHI without your consent or authorization. State and federal privacy law permit or require such use or disclosure regardless of your consent or authorization because it is in the best interest of our society at large that the use or disclosure of PHI be made in these situations.

- Emergencies. If you are incapacitated and require emergency medical treatment, we will use and disclose your PHI to ensure you receive the necessary medical services. We will attempt to obtain your consent as soon as practical following your treatment.
- Communication barriers. If we try but cannot obtain your consent to use or disclose your PHI because of substantial communication barriers and your physician, using his or her professional judgment, infers that you consent to the use or disclosure, Falmouth Orthopaedic Center will make the use or disclosure.
- Required by law. We may disclose PHI to the extent required by law and in a manner limited to the specific requirements of the law.
- Public health activities. We may disclose your PHI to an authorized public health authority to prevent or control disease, injury, or disability or to comply with state child or adult abuse or neglect law.
- Health oversight activities. We may disclose your PHI to a health oversight agency for audits, investigations, inspections, and other activities necessary for the appropriate oversight of the health care system and the government benefit programs such as Medicaid and Medicare.

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- Judicial and administrative proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order expressly directing disclosure and within certain limits in response to a subpoena, discovery request, or other lawful process.
- Law enforcement activities. We may disclose your PHI to a law enforcement officer for law enforcement purposes.
- Coroners, medical examiners, & funeral directors. We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other lawful duties. We also may disclose your PHI to enable a funeral director to carry out his or her lawful duties.
- Research. We may disclose your PHI for certain medical or scientific research where the researchers have a protocol to ensure the privacy of your PHI.
- Serious threats to health or safety. We may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- Armed forces personnel & national security. We may disclose the PHI of members of the armed forces for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission. We also may disclose your PHI to certain federal officials for lawful intelligence, counterintelligence, and other national security activities.
- Workers' compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with the Maine Workers' Compensation Act or other similar programs that provide benefits for work-related injuries or illness without regard to fault.
- You & DHHS. We must disclose your PHI to you upon request and to the Secretary of the U.S. Department of Health & Human Services to investigate or determine Falmouth Orthopaedic Center's compliance with the privacy laws.

## 6. Your Rights Regarding PHI

- Right to request restriction of uses and disclosures. You have the right to request that we not use or disclose any part of your PHI unless it is a use or disclosure required by law. Please advise us of the specific PHI you wish restricted and the individual(s) who should not receive the restricted PHI. We are not required to agree to your restriction request, but if we do agree to the request, we will not use or disclose the restricted PHI unless it is necessary for emergency treatment. In that case, we will ask that the recipient not further use or disclose the restricted PHI.
- Right to request restriction of disclosures to a health plan. You have the right to restrict disclosure to a health plan for payment and health care operations. We are required to agree to this restriction of disclosure if you have paid for the services for treatment out-of-pocket in full.
- Right of access to PHI. You have the right to inspect and obtain a copy of your PHI in a "designated record set" (your medical and billing records) as long as we maintain the PHI in such format. However, you do not have a right of access to psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative proceeding. Also, your right of access may be limited if providing certain PHI to you may endanger the health or safety of yourself or others. To request access to your PHI, please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 30 days from the date of your request. We have the right to charge a reasonable fee for providing copies of your PHI.
- Right to confidential communications. You have the right to reasonable accommodation of a request to receive communication of PHI by alternative means or at alternative locations. Please make your request in writing to our Privacy Contact. We will not require an explanation of your reasons for the request, but we

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will ask that you specify the alternative address or other method of contact and that you inform us of how payment for our medical services will be handled.

- Right to amend PHI. You have the right to request that we amend the PHI in your "designated record set" for as long as we maintain the PHI in such format. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. If we deny your request for amendment, you have the right to submit a written statement of reasonable length disagreeing with the denial and we have the right to submit a rebuttal statement. A record of any disagreement about amendment will become part of your medical records and may be included in subsequent disclosures of your PHI.
- Right to accounting of disclosures. Subject to certain limitations, you have the right to a written accounting of disclosures by us of your PHI for not more than 6 years prior to the date of your request. Your right to an accounting applies to disclosures other than those for treatment, payment, or health care operations; to yourself; for a facility directory; to your family or close friends involved in your care; or for notification purposes. Please make your request in writing to our Privacy Contact. We will respond to your request as soon as possible, but no later than 60 days from the date of your request. We will provide you with one accounting every 12 months free of charge. We will charge a reasonable fee based upon our costs for any subsequent accounting requests.
- Right to a copy of our Notice of Privacy Practices. We will ask you to sign a written acknowledgement of receipt of our Notice of Privacy Practices. We may periodically amend this Notice of Privacy Practices and you may obtain an updated Notice from our Privacy Contact at any time.
- Right to Notification of a Breach of Unsecured PHI. You have a right to notification of a breach of your unsecured PHI held by us. Following the discovery of a breach, we will notify you in writing by first class mail to your last known address as soon as possible, but in no case later than 60 days after discovery of that breach. In urgent situations where we believe there is a risk of imminent misuse of unsecured PHI, we will contact you by the fastest means possible, such as telephone. In some situations, we may also provide notification of a breach to the media and/or to the Secretary of the U.S. Department of Health and Human Services.

7. Complaint Procedure

- Within the practice. If you have a complaint about the denial of any of the specific rights listed in Section 6 above, about our Notice of Privacy Practices, or about our compliance with state and federal privacy law, please make your complaint in writing to our Privacy Contact. We will respond to your complaint in writing within the timeframes listed in Section 6 above or in any case within 60 days of the date of your complaint.
- Outside of the practice. If you believe that we are not complying with our legal obligations to protect the privacy of your PHI, you may file a complaint with the Secretary of the U.S. Department of Health & Human Services. You must make your complaint to the Secretary in writing within 180 days of the act or omission forming the basis of your complaint.

ACKNOWLEDGEMENT OF RECEIPT OF "NOTICE OF PRIVACY PRACTICES"

I acknowledge receipt of the Notice of Privacy Practices prepared by Falmouth Orthopaedic Center. Also, I acknowledge that I have been offered a copy of the Notice of Privacy Practices and have had an opportunity to ask questions about the practice's Notice of Privacy Practices.

Patient or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient or Legal Guardian Name(Please Print) \_\_\_\_\_

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