

Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. The Brace Place is permitted to use and disclose protected health information for treatment, payment and health care operations, as described in the following examples:

a. **For treatment (care)** - We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists, or other healthcare personnel who are involved in taking care of you. Different departments may share information about you to coordinate your care and provide your medication, lab work and x-rays. We may also disclose medical information about you to people outside of The Brace Place, who may be involved in your medical care after you leave our care, for example, home health personnel or others that will be providing you care in your home.

b. **For payment** - We may use and disclose medical information about you so that the treatment and services you receive may be billed to you, an insurance company or a third party payer. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your health plan will cover the treatment.

c. **For health care operations** - We may use and disclose medical information about you for health care operations. This is necessary to ensure that all our patients receive quality care. For example, we may use medical information about you to review our services and to evaluate the performance of our staff. We may also combine medical information about patients to determine whether certain treatments are effective. We may also disclose information to our doctors and other personnel for review and learning purposes. We may remove information that identifies you so others may use it to study health care and health care delivery without learning your identity.

2. The Brace Place is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.

3. Other uses and disclosures will be made only with the individual's written authoriza-

tion. The individual may revoke such authorization at any time with written notification.

4. The Brace Place may engage in one or more of the following activities:

a. The Brace Place may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.

b. The Brace Place may contact the individual or patient to raise funds for The Brace Place;

or

c. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

5. The individual has the following rights regarding protected health information:

a. The right to request restrictions on certain uses and disclosures of protected health information. However, The Brace Place is not required to agree to a requested restriction.

b. The right to receive confidential communications of protected health information, as applicable.

c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.

d. The right to request a review or an amendment of protected health information, as provided in the Privacy Regulation.

e. The right to receive an accounting of disclosures of protected health information.

f. The right to receive a paper copy of the notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.

6. The Brace Place is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

a. All disclosures of your policy holder information will be limited to the minimum necessary or that which is contained in a limited date set (e.g. demographic information, photographs, etc.)

b. You have the right to receive notification of a security breach. Effective September 23, 2009, we are required to notify you if your protected health information has been breached. A breach occurs when there has been an unauthorized use or disclosure under

HIPAA that compromises the privacy or security of protected health information. The notification requirements under this section only apply if the breach poses a significant risk for financial, reputational or other harm to you.

7. The Brace Place is required to abide by the terms of the Notice currently in effect.

8. The Brace Place reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.

9. The Brace Place will provide individuals or patients with a revised Notice at the next visit or at the request of the individual or patient.

10. Individuals may express concerns to The Brace Place and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a concern follows: You may submit your concerns verbally or in writing to the Privacy Point of Contact person. You may submit your concerns in writing on the Documentation of Concerns form that can be requested from the Privacy Point Contact person. The Brace Place's contact person for matters relating to concerns with regard to privacy is: **Julie Bringgold**
651-439-8807
St. Croix Orthopaedics, P.A.
5803 Neal Avenue North
Oak Park Heights, MN 55082-2177

11. This Notice is first in effect on April 14, 2003. Updated May 2010.

12. Other uses of your medical information not covered by this notice or the laws that apply to us will be made only with your permission.

If you provide us permission to use or disclose medical information about you, you may revoke that permission at any time. If you revoke your permission we will no longer use or disclose the medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

REVISED — Jan 2012