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|  | **HIPAA Notice of Privacy Practices****Effective May 1, 2021** |

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The terms of this Notice of Privacy Practices (“**Notice**”) apply to Premier Orthopaedic and Sports Medicine Associates, Ltd., Premier Medical Management, and its employees (collectively “**Premier**”). Premier will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law and for the purposes described below.

We are required by the Federal Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of our patients’ protected health information and to provide patients with notice of our legal duties and privacy practices with the respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new Notice effective for all protected health information collected by Premier. We are also required to inform you that there may be a provision of State law that relates to the privacy of your health information that may be more stringent than a standard or requirement under HIPAA, and we will comply with the more stringent standard. A copy of any revised Notice or information pertaining to a specific State law may be obtained by mailing request to the Privacy Officer, Premier Orthopaedics, 3809 West Chester Pike, Suite 150, Newtown Square, PA 19073.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

We may use and disclose your protected health information for different purposes. For each of these categories, we have provided a description and some examples. Please note that not every use or disclosure in a particular category will be listed and certain protected health information may be entitled to special confidentiality protections under applicable State or Federal law.

**Uses and Disclosures Upon Written Authorization**

**Authorization:** Except as outlined below, we will not use or disclose your protected health information for any purpose other than treatment, payment, or health care operations and as described in this Notice unless you have signed a the “**Authorization for Use and Disclosure of Protected Health Information Form**”. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be a sale of protected health information require your written authorization. You have the right to revoke your authorization in writing at any time. However, you understand that we cannot take back a use or disclosure we may have made under the authorization before we receive your revocation. With the exception of research-related treatment, we will not condition your treatment on whether or not you sign any authorization.

**Uses and Disclosures for Treatment, Payment, and Health Care Operations**

**Uses and Disclosures for Treatment:** We will use and disclose your protected health information as necessary to provide, coordinate, or manage your treatment. This includes coordination or management of your health care with a third-party, such as other providers who treat you, or with Premier doctors and nurses involved in your care. These health care providers will use your protected health information, such as information on your symptoms, reactions, procedures, medications, tests, and medical history, to provide you with treatment.

**Uses and Disclosures for Payment:** We will use and disclose your protected health information as necessary for payment purposes in order to bill and obtain payment for health care services provided to you. During the normal course of business operations, we may forward protected health information to your insurance company to arrange payment for the services provided to you or to make a determination of eligibility or coverage for insurance benefits. We may also use your information to prepare a bill to send to you or to the person responsible for your payment.

**Uses and Disclosures for Health Care Operations**: We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include, but are not limited to, clinical improvement, professional peer review, business management, accreditation and licensing, training, legal services, auditing, and general administrative functions.

**Electronic communications**: The sharing of your protected health information for treatment, payment, and health care operations as described in this Notice may happen electronically. Electronic communications enable fast, secure access to your information for those participating in and coordinating your care to improve the overall quality of your health and prevent delays in treatment.

**Other Permitted or Required Uses and Disclosures**

**Individuals Involved in Your Care:** We may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or with payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with individuals you have not specifically designated. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that maybe involved in some aspect of caring for you.

**Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, including, but not limited to, auditing, accreditation, outcomes data collection, and legal services. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. Whenever an arrangement between Premier and our business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Research:** In limited circumstances, we may use and disclose your protected health information for research purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or a privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Other Permitted Uses and Disclosures:** We may be permitted and/or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. These instances include, but are not limited to:

* Any use or disclosure required by Federal, State, or local law.
* To public health authorities for public health activities for preventing or controlling disease, reporting injury, birth, and death, or for public health investigations.
* To public health authorities authorized to receive reports of child abuse or neglect. If we believe you to be a victim of abuse, neglect, or domestic violence, to governmental entities or agencies authorized by law to receive such reports.
* To the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls.
* To your employer when we have provided health care to you at the request of your employer.
* To a health oversight agency for activities authorized by law, such as audits, investigations, or civil criminal proceedings.
* In response to a court or administrative order, subpoena, discovery request, or other process authorized by law.
* To law enforcement officials as required by law, to report wounds and injuries, to help identify suspects, and to report crimes.
* To coroners and/or funeral directors' consistent with the law.
* To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
* If necessary, to arrange an organ or tissue donation from you or a transplant for you.
* If you are a member of the military, for national security or intelligence activities.
* To workers' compensation agencies to comply with workers compensation laws and for benefit determinations.
* To parents, guardians, or persons acting under similar legal status for minors as required by law.

**RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Confidential Communications:** You have the right to request that we communicate with you in a specific way (for example, by using a home or cell phone) or to send mail to a different address, and we will agree to all reasonable requests. We will not ask the reason for your request, however, we will approve your request if you tell us you would be in danger if not. We may contact you to provide appointment or information about your treatment or other health-related benefits and services that maybe of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You also have the right to request that we not send you any future marketing materials and we will use our best efforts to honor such request. You may make your requests by sending your name and address to Privacy Officer, Premier Orthopaedics, 3809 West Chester Pike, Suite 150, Newtown Square, PA 19073.

**Access to Your Protected Health Information:** You have the right to request an electronic or paper copy and/or to inspect your protected health information that we retain in a designated record set. Requests for access can be made in two ways. First, you can visit our website at www.premierortho.com to request access online through our business associate RRS or go directly to their site www.rrsmedical.com/premier. Secondly, you may obtain a “**Medical Records Request**” form from the front office person. This form must be signed by you or your legal representative. You may be charged a reasonable-cost based fee for actual postage, supply costs, and labor costs incurred by us for responding to your request. If you request additional copies you may be charged a fee for copying and postage. We may deny your request in limited situations. If your request is denied, you may have the right to have the denial reviewed in accordance with applicable law. We will provide you with access to your electronic protected health information in a timely manner through Premier’s Portal “FollowMyHealth”, a certified application programming interface, or in such form requested by you, unless prohibited by applicable law or an exception applies.

**Amendments to Your Protected Health Information:** You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but we will give each request careful consideration. If we deny your request, we will tell you the reason for such denial. All amendment requests must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary. You may obtain a "**Request for Amendment/Correction of Protected Health Information”** form and make requests by sending your name and address to Privacy Officer, Premier Orthopaedics, 3809 West Chester Pike, Suite 150, Newtown Square, PA 19073.

**Accounting for Disclosures of Your Protected Health Information:** You have the right to receive a list (an “**accounting**”) of certain disclosures made by us of your protected health information for six (6) years prior to the date of your request. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you authorized us to make). The right to receive an accounting of disclosures is subject to certain other exceptions, restrictions, and limitations. Requests must be made in writing and signed by you or your legal representative. "**Request for an Accounting of Disclosures of Protected Health Information**” can be obtained by sending your name and address to Privacy Officer, Premier Orthopaedics, 3809 West Chester Pike, Suite 150, Newtown Square, PA 19073. You must specify a time period, which may not be longer than six (6) years from the date of the request. You may request a shorter timeframe. The first accounting in any 12-month period is free. However, you will be charged a reasonable cost-based fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request and you are free to withdraw or modify your request in writing before any fees are incurred.

**Restrictions on Use and Disclosure of Your Protected Health Information:** You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members, relatives, friends or other persons who may be involved in your care. We are not required to agree to your restriction request, but will attempt to accommodate reasonable requests when appropriate. For example, if you pay for a service or item out-of-pocket in full and request that we not share information about the service or item with your health plan or health insurer, we are required to agree to your request if the disclosure is for the purpose of payment or health care operations and is not required by law. If we do 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. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the individual responsible for medical records. “**Disclosure Restriction Acknowledgement**” form should be used when notifying Premier.

**Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

**Right to Choose Someone to Act for You**: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information. We will make sure the person has the authority and can act for you before we take any action.

**Right to Notification of a Breach**: You will receive notifications of breaches of unsecured protected health information that compromises the privacy or security of your protected health information.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing by sending a letter to the Office for Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

**FOR FURTHER INFORMATION**

To exercise your rights, for questions, or further assistance regarding this Notice, you may contact the Privacy Officer by email at compliance@premierortho.com, by telephone at **Compliance Hotline**: **610.723.7257**, or by writing to Privacy Officer, Privacy Officer, Premier Orthopaedics, 3809 West Chester Pike, Suite 150, Newtown Square, PA 19073.