

HIPAA

A GUIDE TO YOUR MEDICAL INFORMATION

Nowak Orthopedic Associates, PLLC

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.

REQUIRED USES OF YOUR MEDICAL INFORMATION

- As required by law, lawsuits, legal actions or law enforcement.
- To protect victims of abuse or neglect.
- For federal and state health oversight, such as fraud investigations.
- To avert serious threat to public health or safety or National Security.
- To the extent necessary to comply with laws relating to workers compensation if you are injured at work.
- To a correctional institution if you are an inmate.
- To provide information as part of health oversight activities as authorized by law.

DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Disclosure of Psychotherapy Notes: We may not disclose psychotherapy notes that may be contained in our record without a written authorization from you unless required by law.

Marketing: Your written authorization is required for us to use or disclose your information for marketing purposes to a third party.

Requests by you: You may request copies of your medical records to be sent to a third party, Ex: Attorney or Employer. This request must be provided in writing. Request the authorization form from the Practice Manager.

HOW WE ROUTINELY USE MEDICAL INFORMATION

Treatment: We will share your medical information to provide or coordinate your health care. This includes the coordination of your health care with a third party, such as your primary care physician, referring specialist, nurse practitioner, physical therapist and/or occupational therapist, worker's compensation case manager or anyone else who provides you care. If we receive your health records from any other providers, we may extract and scan into your records with us what is pertinent and necessary to provide your care. Your condition may require us to scan records such as your current medication list, medical history, diagnostics (ie: x-rays, MRI's, CT scans, EMG's, etc.), other labs, and medical office visit notes pertaining to or potentially affecting your current reason being seen by your Orthopedic Physician. Additional information may be destroyed in accordance with HIPAA. It is not our responsibility to maintain and store previous medical records from other provider practices.

Payment: We may use your information in order to obtain authorizations and for payment for the services and items that you may receive from us.

Health Care Operations: We may use your medical information to evaluate the quality of care you receive from us.

Appointment Reminders: We may contact you for appointment reminders or rescheduled appointments.

Patient Sign-in Sheets: We will use your name on our daily patient sign-in sheet.

Email / Text: We may email / text to communicate information such as clinic updates, need to cancel or reschedule an appointment, to answer a question or provide an update about your treatment. Email / texting has inherent risks but can be a beneficial form of communication. For more complex issues regarding your care and treatment, we recommend discussing it either in the clinic or via telephone.

Release of Information to Family: We may disclose to a family member medical information that is necessary for their involvement in your treatment and care according to HIPAA regulations.

Newsletters and Other Communications: We may use your personal information in order to communicate to you via newsletters (including electronic newsletters), mailings, or other means regarding treatment options, health related information, or other community-based initiatives or activities in which our practice is participating.

Sale of PHI: We will never sell your PHI.

YOUR RIGHTS

Confidential Communications: You have the right to request that we communicate with you in a particular manner such as a specific address or telephone number. This should be given to the Practice Manager in writing.

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your medical information. The request must be in writing. ***We are not required to agree to these restrictions.*** However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

Self Pay: If your request is to restrict a disclosure of medical information for a healthcare item or service for which you or someone else has paid in full (other than your health plan), ***we are required to agree to this request*** and will restrict the disclosure unless otherwise required by law.

- In order to request a restriction in our disclosure of your PHI, you must make your request in ***writing*** to the Practice Manager.

Inspection and Copies: You have the right to inspect and obtain a copy of your medical record (not including psychotherapy notes). You must make the request in person or in writing to the Practice Manager in order to inspect and/or obtain a copy of your medical record (fees may apply).

Amendment: You may ask us to amend your health information if you believe it is incorrect or incomplete as long as the information is kept by Nowak Orthopedic Associates. To request an amendment, your request must be made in writing and submitted to the Practice Manager. You must provide us with a reason that supports your request for amendment.

Right to Receive Notice of a Breach: We are required to notify you of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach.

Accounting of Disclosures: All of our patients have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of disclosures or your authorizations that the Practice has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Practice Manager.

Right to File a Complaint: If you believe your privacy rights have been violated, you may call Jessica Nichols our Privacy Officer at 603-967-8033. Or you can file a written complaint with our Privacy Officer and/or with the Secretary of the Department of Health and Human Services Office for Civil Rights. Written complaints should be sent to Nowak Orthopedic Associates, PLLC, Attn: Jessica Nichols, 55 High Street, Suite 301, Hampton, NH 03842.

OUR COMMITMENT TO YOUR PRIVACY

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your name, address and insurance information, referral/records from other providers, your symptoms, examinations, treatment, and a plan for future care. This information is referred to as your medical information, medical record, or protected health information (PHI).

As our patient your privacy is a priority. We are committed to following federal and state guidelines to maintain the confidentiality of your medical information.

We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records with Nowak Orthopedic Associates, PLLC.

Your privacy rights are important to us. If you have any questions regarding this notice or our privacy policies, please ask the Practice Manager.

Effective January 1, 2021