

## **NOTICE OF PRIVACY PRACTICES**

Original Effective Date: April 14, 2003  
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**THIS NOTICE DESCRIBES HOW MEDICAL HEALTH 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 (“HIPAA Notice” or “Notice”) is provided to you by Reconstructive Orthopedics, P.A. (“we” “us” “the Practice”). We respect your privacy and will protect your health information responsibly and professionally in compliance with the Health Insurance Portability And Accountability Act of 1996 (“HIPAA”) and its rules, as well as the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) and the HITECH Act Final Rule of 2013 which amended HIPAA. We’re required by law to maintain the privacy of your Protected Health Information and to provide you with this Notice. You have certain rights - and we have certain legal obligations - regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

### **What is Protected Health Information?**

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearing house and that relates to (1) your past, present, future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payments for your health care.

### **Who/What is covered by this Notice?**

This Notice covers all of our activities, programs, employees, volunteers, medical residents, and members of our staff and allied health professionals. The information contained in the record of your medical care generated by us is referred to as Protected Health Information. This Notice applies to all Protected Health Information about you that is maintained by us, including any such information that is maintained in paper or electronic form, or spoken. This includes records of your care maintained by us, whether created by our employees, your physician, consulting physicians, or others covered by this Notice.

The Practice also participates in a health information exchange networks CommonWell and Carequality, and this Notice describes how authorized health care providers, including the Practice, may use and disclose your Protected Health Information electronically through CommonWell and Carequality. An informational brochure about CommonWell and Carequality is available in our office.

### **How We May Use or Disclose Your Protected Health Information**

#### **Federal and State Law Implications**

HIPAA is a federal law, which places limitations on the types of uses and disclosures health care providers and others may make of Protected Health Information. At times, State or

federal laws may afford more protection of your Protected Health Information or provide additional patient rights that exceed those under HIPAA. Some examples of categories of information that are afforded such additional protections under New Jersey law include HIV/AIDS; Venereal Diseases; Genetic testing; Drug and Alcohol Treatment facility records; Mental Health facility records; and Minors who independently consent to medical treatment in accordance with State law. In these and all other applicable cases, we will abide by the most stringent of the regulations as they pertain to Protected Health Information, including obtaining your prior written authorization, as required, before any such information is disclosed to a third party. These restrictions also apply to us when sharing any such special categories of information through CommonWell and Carequality.

### Uses and Disclosures Under HIPAA

The categories stated below describe examples of the way we may use and disclose your medical information.

**1.) We May Use or Disclose Your Protected Health Information for Purposes of Treatment, Payment, or Healthcare Operations without Obtaining Your Prior Authorization. Here are some examples of each:**

#### *Treatment*

- Your Protected Health Information may be provided to physicians, nurses, medical technicians, office staff and others, for purposes of providing you with **medical treatment**, care and services. In certain instances, this includes disclosing your Protected Health Information to your doctors and other health care workers who are not a part of our staff and who do not work for, or at, the Practice.
- In addition, unless you “Opt-Out” as described below under “Your rights With Respect to Your Protected Health Information”, any authorized health care provider who agrees to participate in CommonWell and Carequality can also electronically access and use your Protected Health Information if needed to provide **treatment** to you. For instance, if you receive a blood test from one provider in CommonWell and Carequality network but then are treated by a different provider in CommonWell and Carequality, both of your treating providers can share your test result electronically through the secure CommonWell and Carequality network, as long as they are otherwise authorized to do so. If you opt-out of CommonWell and Carequality, your Protected Health Information will continue to be used in, accessed and released as needed to provide treatment to you, but will **NOT** be made electronically available for such purpose through CommonWell and Carequality.

#### *Payment*

- Our billing department will access Protected Health Information and send relevant information to your insurance companies and third party payers so that payment can be made for the services provided. For example, we may need to give your health insurance plan information about your diagnosis, treatment and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service.

### *Health Care Operations*

- We may use or disclose your Protected Health Information for operational purposes. For example, we may use your Protected Health Information to evaluate our services, including the performance of our staff in caring for you. Members of the professional staff, care staff, or others in our office may use information in your health record to assess the care and outcomes in your case and others like it. We may also use this information to learn how to continually improve the quality and effectiveness of the health care services that we provide to you.
- We may access or send your information to our attorneys, accountants, or other personnel in the event that we need the information in order to address one of our own business functions.
- Protected Health Information will be provided to third party “business associates” that perform various activities and services (e.g., billing, transcription, operating and troubleshooting our health information technology) on behalf of our Practice. In such situations, we will have a written contract in place that restricts the ability of the business associate to use or disclose your Protected Health Information except in accordance with HIPAA’s requirements.

### **2.) Protected Health Information May Also Be Used Without Prior Authorization Under the Following Circumstances:**

*To Notify and/or Communicate with your Family* - Unless you inform us of your objection in writing, we will use or disclose your Protected Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your condition or of your death. We may also discuss your health care with your family and/or friends to the extent that they are involved in your care or payment for your care. If you are unable or unavailable to agree or object to our discussing these matters with your family and/or friends, our health professionals will use their judgment as to whether any communications with your family or others involved in your care are necessary and/or appropriate. In certain circumstances we may also disclose your Protected Health Information as authorized for disaster relief purposes. We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

- 3.) *As Required by Law* - Protected Health Information will be used and disclosed to the extent that such use or disclosure is required by law. Examples of just a few such requirements are: communicable disease reporting, incidence of cancer, burns, seizures, gun shots, abuse, organ donations, product recalls, product failures, birth/deaths and/or birth defects. Examples of just a few of the authorities/agencies to which Protected Health Information may be disclosed include: New Jersey Department of Health and Senior Services, the Division of Motor Vehicles, Local and/or State Police, the Medical Examiner and County Prosecutor, the Perinatal Co-operative, Organ Procurement Agencies, the Drug Enforcement Administration, the Ombudsman, the Office of Civil Rights, the Centers for Medicare and Medicaid Services and/or Peer Review Organizations. In addition, under the law, disclosures must be made to you,

upon your request (unless medically contraindicated) and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with HIPAA.

*For Public Health Purpose* - Protected Health Information will be provided to local, state or federal public health authorities, as authorized or required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

*For Health Oversight Activities* - Protected Health Information will be used and disclosed to health agencies during the course of audits, investigation, surveys, accreditation, certification and other proceedings.

*In Response to Subpoenas or for Judicial and Administrative Proceedings* - In general, Protected Health Information may be used and disclosed in the course of an administrative or judicial proceeding. However, in certain instances you will be made aware of the use or disclosure of your Protected Health Information prior to its release.

*To Law Enforcement Personnel* - Protected Health Information will be used and disclosed to law enforcement officials to identify or locate a suspect, fugitive, material witness or missing person, or, in some cases, to comply with a court order or subpoena and for other law enforcement purposes.

*To Coroners or Funeral Directors* - Protected Health Information may be disclosed for purposes of communicating with coroners, medical examiners and funeral directors.

*For Purposes of Organ Donation* - Protected Health Information will be used and disclosed for purposes of communicating to organizations involved in procuring, banking or transplanting organs and tissue.

*For Research* - Protected Health Information may be used and disclosed to researchers if an Institutional Review Board has approved the waiver of an Authorization and certain other assurances are met.

*For Public Safety* - Protected Health Information will be used and disclosed in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

*To Aid Specialized Government Functions* - Protected Health Information may be used and disclosed for military or national security purposes. Protected Health Information of patients who are armed forces personnel may be used and disclosed: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. Protected Health Information may be used and disclosed to authorized federal officials for conducting national security and intelligence activities.

*For Worker's Compensation* - Protected Health Information may be used and disclosed as necessary to comply with worker's compensation laws.

*To Correctional Institutions or Law Enforcement Officials* - If you are an inmate, Protected Health Information may be disclosed to the correctional institution or law enforcement officials.

*CommonWell and Carequality* - our Practice and other health care providers participate in CommonWell and Carequality which allows patient information to be shared electronically. CommonWell and Carequality allows for immediate electronic access to your participating health care providers and health plans pertinent medical information necessary for treatment, payment and operations. If you have not opted-out of CommonWell and Carequality your information will be available through CommonWell and Carequality to participating health care providers and health plans in accordance with the Notice of Privacy Practices and the law. If you opt-out of CommonWell and Carequality, your personal health information will continue to be used in accordance with this Notice and the law but will not be made available through Commonwell and Carequality.

*Breach Notification* - In the event that we disclose your Protected Health Information contrary to this Notice or the law, such as due to an unforeseen technology problem, as required by law we will notify you and respond to the breach.

**4.) For All Other Circumstances, We May Only Use or Disclose Your Protected Health Information After You Have Signed an Authorization.**

Uses and disclosures of an individual's Protected Health Information for purposes other than those listed will be made only with the patient's written authorization, which later may be revoked. For example, a specific authorization will be required for use or disclosure of your Protected Health Information 1) if it involves certain psychotherapy notes, 2) for marketing (except if the communication is face-to-face, or is for a promotional gift of nominal value) or for any marketing that involves financial remuneration; or 3) for any sale of your Protected Health Information. If you authorize us to use or disclose your Protected Health Information for another purpose, you may revoke your Authorization in writing at any time. However, the revocation will not be effective to the extent that we have taken action in reliance on the use or disclosure allowed by the Authorization. Unless otherwise permitted by HIPAA, we are required to obtain your authorization in most circumstances for uses and disclosures.

**5.) We May Also Use or Disclose Your Protected Health Information for the Following Purpose:**

*Appointment/Program Reminders* - To contact you with appointment reminders, refill reminders or information about the drugs you are taking, and to provide information on other treatments or health-related benefits and services that may be of interest to you, or other information related to the management and coordination of your care, as permitted by law. We will also use or disclose your Protected Health Information to communicate with you about our programs and services including disease management, health promotion, preventive care, and wellness programs.

*Change of Ownership* - In the event that our Practice is sold or merged with another organization, your Protected Health Information will become the property of the new Owner.

*Other Uses* - We may encourage you to use a health care product or services only as permitted by law or with your authorization. We will ask for your authorization before we provide you with information about case management, care coordination, alternative treatments or benefits and other information that is paid for by a third party, such as a drug company, except if the communication is in the form of a face-to-face communication made by us to you or a promotional gift of nominal value provided by us. We will never sell your information to a third party without your authorization.

### Your Rights with Respect to Your Protected Health Information

- 1.) You have the right to **request restrictions** on the uses and disclosures of your Protected Health Information. This means you may ask us not to use or disclose any part of your Protected Health Information for treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Any such requests for restrictions must be in writing, be addressed to the Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply. However, we are not required to comply with your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operations purpose and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full.
- 2.) With regard to CommonWell and Carequality only, if you do not wish to allow otherwise authorized doctors, nurses and other individuals involved in your care to electronically share your Protected Health Information with one another through CommonWell and Carequality as explained in this Notice, you can complete, sign and submit CommonWell and Carequality Opt-Out form and fax or mail as instructed on that form, and any Opt-Out selection that you make will be honored. CommonWell and Carequality Opt-Out form can be obtained directly from any of your providers participating in CommonWell and Carequality. Although opting out of CommonWell and Carequality will prevent your information from being shared electronically through CommonWell and Carequality, it will not impact how your information is otherwise typically accessed and released in accordance with this HIPAA Notice and the law.
- 3.) You have the right to request your Protected Health Information be received by you through **confidential** means. However, we may condition this accommodation by asking you for information as to how payment will be handled or a specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Your request must be in writing, be addressed to the Privacy Officer and state the specific alternate means or location.
- 4.) You have the right to inspect and **obtain a copy** of your Protected Health Information, unless such access is determined to be medically contraindicated. If such information is maintained in an Electronic Health Record (EHR), your access rights include the right to

a copy in an electronic format. Covered Entity will charge you a reasonable fee for the copying of paper records, and in the case of a request for an electronic copy of your Protected Health Information maintained in an EHR (or a summary or explanation of such information); we may charge you the amount of our labor in responding to your request. Your right to inspect and obtain a copy of your Protected Health Information extends only to your Protected Health Information contained in the Designated Record Set our Practice maintains for you. A “Designated Record Set” is the HIPAA term for medical and billing records and any other records that we use for making health care decisions about you.

- 5.) You have a right to request that we **amend** the Protected Health Information contained in your Designated Record Set if you believe it is incorrect or incomplete. However, we are not required to make any such amendments. If we deny a request, we will provide you with information about our denial and explain how you can disagree with the denial by filing a statement of disagreement with us. We may then prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. All of these documents will be placed in the appropriate part of your Designated Record Set. If you are requesting that we amend your records because you believe that you are a victim of medical identity theft, we will use reasonable efforts to assist you in making corrections to your record which are determined to be appropriate under the circumstances.
- 6.) You have a right to receive an **accounting** of disclosures of your Protected Health Information made by us during the six years prior to the date you request the accounting, except that we do not have to account for certain disclosures, such as those authorized by you; provided in response to an Authorization; made in order to notify and communicate with family; for certain government functions, and/or disclosures provided to you, to name a few. The right to receive an accounting is subject to exceptions, restrictions and limitations.
- 7.) You have a right to a paper copy of this Notice of Privacy Practices upon request, even if you have agreed to accept the Notice electronically.
- 8.) You have the right to be notified in the event of a data breach of your medical information.
- 9.) If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Patient Representative or the Privacy Officer.

#### **Our Duties to You**

We are required by law to maintain the privacy of your Protected Health Information and to provide you with a copy of our legal duties and privacy practices with respect to your Protected Health Information in this notice. We will notify you in the event a Breach occurs affecting your Unsecured Protected Health Information.

We are also required to abide by the terms of this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Protected Health Information - even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office, and on our Web Site at [www.reconstructiveortho.com](http://www.reconstructiveortho.com). We will also provide you with a copy, at any time, upon request.

### **How You Complain About our Privacy Practices**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services (HHS). To file a complaint with us, put your complaint in writing and address it to the Privacy Officer; for initiating a complaint with the Secretary, please visit HHS's website at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. We promise not to retaliate against you for any complaint you make to a governmental agency pertaining to our privacy practices. You may also contact our Privacy Officer if you have questions or comments about our privacy practices.

### **How You May Contact us About our Privacy Practices**

You may contact us about our privacy practices by calling the Privacy Officer at 609-267-9400.

### **How You May Obtain an Electronic Copy of this Notice**

This Notice of Privacy Practices is also available on our Web page at [www.reconstructiveortho.com](http://www.reconstructiveortho.com)



## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

### I. Notice of Privacy Practice Acknowledgment

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that Reconstructive Orthopedics can and will use and disclose my protected health information for the following purposes and I consent to such uses and disclosures:

- Conduct, plan and direct my treatment and follow up among the multiple healthcare providers who may be involved in that treatment either directly or indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations, including quality assessments and physician certifications.

I have been provided with or offered a copy and understand Reconstructive Orthopedics Notice of Privacy Practices, which describes how my Protected Health Information is used and shared. I understand that Reconstructive Orthopedics has the right to change its Notice of Privacy Practices from time to time and that I may contact Reconstructive Orthopedics at any time to obtain a current copy of the Notice of Privacy Practices.

### II. CommonWell / Carequality Participation

I understand that Reconstructive Orthopedics participates in CommonWell and Carequality exchange that allows patient information to be shared electronically with health care providers that are participating in the CommonWell and Carequality exchange in order to coordinate care. I understand that participating in CommonWell and Carequality will allow participating providers access to my Protected Health Information. I understand that I have the right to direct Reconstructive Orthopedics to not include my health information in the CommonWell and Carequality exchange (an opt-out) or a partial opt-out by completing the required opt-out forms. The partial opt-out options are:

- Allow Reconstructive Orthopedics to receive my health information from participants of CommonWell and Carequality and not send my health information to participants of CommonWell and Carequality.

Or

- Allow Reconstructive Orthopedics to send my health information to participants of CommonWell and Carequality and not receive my health information from participants of CommonWell and Carequality.

I understand that failing to opt-out of CommonWell and Carequality is my consent to participate in CommonWell and Carequality and that participating in CommonWell and Carequality will allow participating providers access to my Protected Health Information in order to coordinate care. I understand that Reconstructive Orthopedics Notice of Privacy Practice contains a more complete description of the uses and disclosures of my health information through CommonWell and Carequality. I understand that Reconstructive Orthopedics Notice of Privacy Practice is available in Reconstructive Orthopedics office and that I can request a current copy at any time.

**By signing below, I acknowledge that I have been provided with or offered a copy of the HIPAA Notice of Privacy Practices. I also acknowledge that I understand that my medical information will be included in CommonWell and Carequality unless I opt-out.**