

NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to Martin & Suhey Orthopedics.

This notice is a summary of how your health information may be used and disclosed and how you can get access to that information. Please review this summary carefully. Thank you.

Our legal duty: We are required by law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. The related laws took effect April 14, 2003 and the Martin & Suhey Orthopedics' notice is effective June 1, 2008.

We reserve the right to change our privacy practices and the terms of this notice at any time provided such changes are permitted by law. If we make any significant change in our privacy practices, we will change this policy and make the new notice available upon request. You may request a copy of our notice at any time. For additional information about our privacy practices you may contact us using the information given at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose your health information for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider rendering treatment to you.

Payment: We may use or disclose information to obtain payment for your services.

Health Operations: We may use or disclose your health information in connection with our healthcare operations. This includes quality assessment, and improvement activities, reviewing professional competence, evaluating provider performance and conducting training, certification, licensing or credentialing activities.

Your Authorizations: In addition to our use of your information for treatment, payment and healthcare operations, you may give us written authorization to use your information or to disclose it to anyone for any reason. If you give us authorization, you may revoke it in writing at any time.

Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your care, but only if you agree that we may do so.

Personal Representatives Involved in Your Care: We may use or disclose your health information to notify or assist in the notification of a family member, your personal representative or another person responsible for your care. If you are present, then prior to disclosure we will provide you the opportunity to object. In the event of your incapacity or emergency circumstances, we will disclose information based on a determination using professional judgment, disclosing only relevant information. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, etc.

Marketing Health-related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may disclose your information when we are required by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crime. We may disclose information to the extent necessary to avert serious threat to your health or safety or the health or safety of others.

National Security: We may disclose your health information to military authorities, information of Armed Forces personnel under certain circumstances. We may disclose your information to authorized federal officials health information required for national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

Care Reminders: We may use your health information to provide you information regarding your specific care and/or appointment reminders (such as voicemail messages).

PATIENT RIGHTS

Access: You have the right to look at or get copies of you health information, with limited exceptions. Requests must be in writing. We may charge you a reasonable cost-based fee for expense such as copies and staff time.

Disclosure Accounting: You have the right to know of instances in which we or our business associates disclose your information for purpose other than treatment, payment and healthcare operations.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your information. We are not required to agree to these restrictions.

Alternative Communication: You have the right to request, in writing, that we communicate with you about your health information by alternative means or to alternative locations. We are not required to agree to the request.

Amendment: You have the right to request, in writing, that we amend your health information. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the information listed at the end of this notice. You also may submit a written complaint to the U.S. Dept of Health and Human Services.

We support your right to the privacy of your information. We will not in any way retaliate if you choose to file a complaint with us or the U.S. Dept of Health & Human Services.

Martin & Suhey Orthopedics, P.C., Privacy Officer
911 University Drive
State College, PA 16801
814 237-4321

ACKNOWLEDGEMENT of RECEIPT of NOTICE of PRIVACY PRACTICES

Regulations require that we make a "Good Faith" effort to provide you with a copy of our Privacy Notice. You are not required to accept the Notice.

I acknowledge that I have received or had the opportunity to review the Notice of Privacy Practices for Martin & Suhey Orthopedics, P.C.

Name of Patient: _____

Signature of Patient: _____

Date: _____

Name of Personal Representative: _____
(If applicable)

Signature of Personal Representative: _____

Relationship to Patient: _____

Please provide the name and relationship of the person(s) with whom we may share patient information (medical, billing and appointments) about you. This information will expire only when requested by the patient.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient Signature: _____ Date: _____

DECLINATION of RECEIPT of NOTICE of PRIVACY PRACTICES

Regulations require that we document when a patient declines to accept and/or acknowledge receipt of our Notice of Privacy Practices.

I refuse to receive and/or acknowledge receipt of the Notice of Privacy Practices for Martin & Suhey Orthopedics, P.C.

Name of Patient: _____

Signature of Patient: _____ Date: _____