



## PATIENT'S RIGHTS AND RESPONSIBILITIES TO PRIVACY

The University Orthopedics Physicians and University Orthopedics Physical Therapists and all of the staff respect your privacy and will do everything possible to protect your privacy. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### USES AND DISCLOSURES OF PHI

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**TREATMENT:** We will use and disclose your protected health information to provide, coordinate, or manage your health care any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you or to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**PAYMENT:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**HEALTHCARE OPERATIONS:** We may use or disclose, as-needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of an appointment. We may also speak to your personal representative, including but not limited to spouse, adult child or care giver, unless a written statement is on file restricting us from disclosing your information. We may use or disclose your PHI in the following situations without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Worker's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance of Section 164.500.

**OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES** Will Be Made with Your Consent, Authorization or Opportunity to Object unless required by Law.

**You may revoke this authorization, at any time,** in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### YOUR RIGHTS

Following is a statement of your rights with respect to your PHI.

**You have the right to inspect and copy your PHI.** Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

**You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If physician believes it is your best interest to permit use and disclosure of you PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**You may have the right to have your physician amend your PHI.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**You have the right to informed participation in decisions involving your care.** This shall be based on clear, concise explanation of your condition and of all proposed treatment procedures. All possible risks and/or side effects as well as the probability of success with such procedures shall be disclosed to you by your attending physician, physical therapist or other health care provider. You shall not be subjected to any procedure without your voluntary, competent, and understanding consent or consent of your legally authorized representative. Where medically significant alternatives for care or treatment exist, you shall be so informed.

**You have the right to know who is responsible for authorizing and performing any and all treatment procedures.** You shall be advised if University Orthopedics purposes to engage in or perform clinical trials for the purpose of research only, affecting your care. You have the right to refuse to participate in such clinical trials.

#### **Complaints**

You may complain to us or to the Secretary of Health and Human Services you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact or your complaint. **We will not retaliate against you for filing a complaint.**

#### **Physician Legal Involvement**

Due to our primary responsibility to provide quality, responsive patient care and the unpredictable, time consuming demands resulting from legal case involvement, it is the policy of University Orthopedics to not accept the care of patients requiring this assistance. Patients who require clinical advice for legal purposes will be referred to physicians who are prepared to provide litigation support. Your PHI will not be released to any attorney unless a valid consent is on file.

#### **Patient Financial Liability & Payment Policy**

You, the patient or responsible party, agrees to be financially liable for and to pay University Orthopedic Center (UOC) for non insured health care services. A UOC representative will be made available to you to explain certain services and products including, but not limited to: Services provided without a referral or authorization from the Primary Care Physician and or Insurance Utilization Management department, Non-covered services as described in the Member's Insurance Handbook, and services partially paid by the Members Insurance Plan.

The fee schedule of UOC is based on usual and customary fees for the type of services provided. Generally, your insurance policy will cover some portion of the services provided. **Please Note: There is no guarantee of payment.** Should your insurance carrier deny payment, the total uncovered balance will be transferred to personal pay and will be your responsibility. You are responsible for any deductible, co-pay or ineligible charges. **You are directly responsible for payment of all medical supplies.** Monthly statements will be sent to your home advising you of the status of your account. Payment for your portion of services, as outlined on the monthly statement under the "Due From Patient" column must be paid within thirty (30) days of receipt of the statement

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