

CORAL DESERT ORTHOPAEDICS, LLC

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Protecting Your Privacy – Coral Desert Orthopaedics, LLC (CDO) understands the importance and sensitivity of your medical and health information. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information. We use your health information (and allow others to have it) only as permitted by federal and state laws. These laws give you certain rights regarding your health information.

Your Individual Rights

You have a right to:

- Review and receive a paper copy of your medical and/or billing records as allowed by law, usually within 14 days of your request. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.
- Request and be provided a paper copy of this notice.
- Request that we communicate with you at a specific address and/or telephone number.
- Request that we not share with your health plan information about certain health services or items, if you pay in full for those healthcare items or services (to ensure that we don't automatically bill your health plan for these services or items, you will need to notify CDO billing staff **before** receiving these services or items if you want this restriction).
- Request, **in writing**, other restrictions on the use of your health information or request corrections or amendments to your health information. CDO will consider all requests for restrictions, corrections and/or amendments carefully but may not be able to grant those requests.
- Receive notice if CDO or a CDO business associate has improperly shared or used your health information.
- Report a privacy concern and be assured that CDO will investigate your concern thoroughly, supporting you appropriately, and not retaliate against you in any way.

You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

- Request, **in writing**, and receive an accounting of certain circumstances when your information is shared without your consent. The accounting does not include disclosures made for treatment, payment and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request.

For all requests that must be made in writing, please contact the Privacy Coordinator for the appropriate form for your request.

How We Use Your Health Information – When you receive care from CDO, we will gather some of your health information for treating you, billing for services and conducting our normal business. The law allows us to use or share this health information for the following purposes:

Treatment: To understand your health condition and treat you. We may share your health information with other health care providers who will assist in your treatment. For example, we may review your x-rays or share x-rays we take of you with your treating physician or other health care providers who may assist in your treatment. These other health care providers may be outside of CDO. Additionally, we may receive your prescription information from other health service companies to help you avoid harmful drug interactions.

Payment: To bill your healthcare services and to receive payment for services you receive. For example, we may share your health insurance information with other health care providers who treat you, such as the hospital or surgery center, laboratory or physical therapist, so they can bill for those services. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about services provided to you to claim and obtain payment from your insurance company and/or Medicare.

Health Care Operations – We use health care information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities. For example, we may use your health information to evaluate the quality of treatment and services provided by our physicians, physician assistants and other health care workers.

Other Services We Provide – We may also use your health information to:

- Recommend treatment alternatives
- Tell you about health services and products that may benefit you

- Share information with family and friends involved in your care or payment for your care, when appropriate
- Share information with third parties who assist us with treatment, payment and health care operations. Our business associates must protect your information by following our privacy practices.

More Information

Sharing Your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, traumatic injuries or other diseases and injuries permitted by law: reporting deaths, reporting reactions to drugs and problems with medical devices.
- To protect victims of child or elderly abuse, neglect or domestic violence.
- For health oversight activities such as investigations, audits and inspections.
- When otherwise required by law.
- To court officers, as required by law, in response to a court order or valid subpoena.
- To a correctional institution, if a patient is an inmate, to ensure the correctional institutions safety.
- To the appropriate governmental agency if an injury or unexpected death occurs at a CDO facility.
- To coroners, medical examiners and funeral directors.
- For organ and tissue donation.
- To governmental inspectors who, for example, make sure our facility is safe.
- Under certain conditions, to military command authorities or the Department of Veterans Affairs, for patients who are in the military or veterans.
- To a medical device's manufacturer, as required by the FDA, to monitor the safety of the medical device.
- For research approved by our review process under strict federal guidelines.

- To governmental authorities to reduce or prevent a serious threat to public health and safety.
- To governmental agencies and other affected parties, to report a breach of health-information privacy.
- For worker's compensation or other similar programs, if you are injured at work and claim benefits under that program.
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

Uses According to Your Requests

You decide if you want us to share any health information related to your care with your family members or friends. You must let us know **in writing** what you want to share and with whom.

You decide who we should contact in an emergency. But if you aren't able to tell us who to contact, we may ask the public authorities to help. For example, we may ask the police to help find your family or, in a disaster, we may help the Red Cross reconnect you with your family.

You decide if you want us to remind you of your upcoming appointments. When you make an appointment, let the scheduling staff know that you don't want these reminders or if there is a restriction regarding these reminders.

TO REMIND YOU OF YOUR APPOINTMENT, A MESSAGE MAY BE LEFT ON YOUR ANSWERING MACHINE, UNLESS YOU INDICATE OTHERWISE.

Our Privacy Responsibilities

Coral Desert Orthopaedics, LLC is required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and to make the new privacy practices effective for all information we maintain. Current notices will be posted in our facility and on our website, www.coraldesertortho.com. You may also request a copy of this Notice of Privacy Practices at any time from the Privacy Coordinator.

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information; or if you need help filling out any forms that are needed to exercise your privacy rights, you may contact the Privacy Coordinator at our facility:

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