

Right to inspect and copy: You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to the designated privacy officer in order to inspect and/or copy the records of your health information. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other associated supplies.

We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to amend: If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this office keeps the information.

To request an amendment, complete and submit a medical records amendment/correction request to the designated privacy officer. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. We did not create, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the health information that we keep.
3. You would not be permitted to inspect and copy.
4. Is accurate and complete.

Right to an accounting of disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you for the purposes other than treatment, payment, healthcare operations and a limited number of special circumstances involving national security, correctional institutions, and law enforcement. This list will also exclude any disclosures we have made based on your written authorization. To obtain this list you must submit your request in writing to the designated privacy officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will

notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to request restrictions: You have the right to request a restriction or limitation on the health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit the request form restriction on use/disclosure of medical records form to Hillsboro Orthopedic Group's designated privacy officer.

Right to request confidential communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain time. For example, you ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the request for restriction on use/disclosure of medical information and/or confidential communication form to the designated privacy officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper copy of this notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

To obtain such copy, contact the designated privacy officer for the clinic.

We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the designated privacy officer for Hillsboro Orthopedic Group. You will not be penalized for filing a complaint.

EFFECTIVE DATE: APRIL 14, 2003

HILLSBORO ORTHOPEDIC GROUP

NOTICE OF PRIVACY PRACTICES

THIS INFORMATION DESCRIBES HOW
MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS
INFORMATION

Please review it carefully

If you have any questions about this notice, please contact the designated privacy officer at our office:

(503) 648-0803

349 SE 7th Ave, Hillsboro, OR 97123

Who will follow this notice? This notice describes the information privacy practices followed by our employees, staff and office personnel.

Your health information: This notice applies to the information and records we have about your health status, the healthcare and services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic record or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, prescriptions, and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describe your rights and our obligations regarding the use and disclosure of that information.

How we may use and disclose health information about you?: We may use and disclose health information for the following purposes:

For treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to your primary care physician to determine if a heart problem you have could interfere with a surgery our physician may be planning to do on you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care such as scheduling an MRI, surgery, nerve conduction study or phoning in a prescription refill to pharmacies.

For payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or an attorney's office. For example, we may notify your insurance company about a treatment you are going to receive to obtain a prior authorization or determine whether your plan will pay for this treatment.

For healthcare operations: We may use and disclose health information about you in order to run the office and make sure that you and our patients receive quality care. For example, we may disclose your health information to health plans that provide your insurance coverage and other health care providers that care for you.

Our disclosures of your health plan information to plans and other providers may be for the purposes of helping those plans improve care, reduce costs, coordinate healthcare, train staff and comply with the law.

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may tell you about health related products or services that may be helpful to you.

We may use your health information to evaluate the performance of our staff in caring for you. We may also use information about all or many of our patients to help us decide what additional services we should offer.

You may notify us if you do not want your information for those purposes.

Special situations: We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements or limitations.

We will disclose health information about you when required to do so by federal, state or local law.

If you are or were a member of the armed forces or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you.

We may also release information about foreign military personnel to the appropriate foreign military authority.

We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries of illness.

We may disclose health information about you to a health oversight agency for audits, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care systems, government programs and compliance with civil laws.

We may release health information if asked to do so by law enforcement official in response to a court order, subpoena, summons, or similar process, subject to all applicable legal requirements.

Information not personally identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and friends: We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise such an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, if your spouse or child comes with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency) we may, using our professional judgment, determine that a disclosure to you r family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your case.

We may use our professional judgment to make reasonable inferences to allow another person to act in your behalf, for example to pick up prescriptions, medical supplies, or x-rays.

Other uses and disclosures of health information: We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke your authorization at any time. If you revoke your authorization we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

In some instances we may need specific, written authorization from you to disclose certain types of specially protected information such as HIV, substance abuse, mental health and genetic testing information.

Changes to this notice: We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

Your rights regarding health information about you: You have the following rights regarding health information we maintain about you.