

NOTICE OF PRIVACY PRACTICES
JOHN A. GILLEN, II, M.D. ORTHOPAEDIC SPECIALISTS
Effective Date: July 26, 2004

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.

Uses and Disclosures

Treatment

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. We may also provide information about you to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider.

Health care operations

Your health information may be used as necessary to support the day-to-day activities and management of John A. Gillen, II, M.D. Orthopaedic Specialists. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Your information also may be disclosed to business associates that perform various activities on our behalf.

Individuals involved in your care or payment for your care

We may release health information about you to a family member who is involved in your medical care. We may also disclose information to a family member involved in payment for your care.

Worker's Compensation

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

Business Associates

There are some services provided in our organization through contracts or arrangements with business associates. For example, we may contract with a software vendor for our business software support services. When these services are contracted, health information may be indirectly disclose while resolving software issues. To protect your health information, we require our business associates to appropriately safeguard your information.

Law enforcement

Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional uses of information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual rights

You have certain rights under the federal privacy standards. These include:

- ❖ The right to request restrictions on the use and disclosure of your protected health information.
- ❖ The right to receive confidential communications concerning your medical condition and treatment.
- ❖ The right to inspect and copy your protected health information.
- ❖ The right to amend or submit corrections to your protected health information.
- ❖ The right to receive an accounting of how and to whom your protected health information has been disclosed.
- ❖ The right to receive a printed copy of this notice.

John A. Gillen, II, M.D. Orthopaedic Specialists duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

John A. Gillen, II, M.D. Orthopaedic Specialists
Attn: Privacy Officer
P.O. Box 529
Belton, MO 64012
816-331-6700

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
JOHN A. GILLEN, II, M.D. ORTHOPAEDIC SPECIALISTS**

John A. Gillen, II, M.D. Orthopaedic Specialists reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for John A. Gillen, II, M.D. Orthopaedic Specialists.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

**DOCUMENTATION OF ATTEMPT TO OBTAIN ACKNOWLEDGMENT OF
RECEIPT OF NOTICE OF PRIVACY PRACTICES
JOHN A. GILLEN, II, M.D. ORTHOPAEDIC SPECIALISTS**

Attempt to Obtain Acknowledgment

An attempt was made to obtain an acknowledgment of receipt of the Notice of Privacy Practices on _____ . The acknowledgment was not obtained because:

- The patient was undergoing emergency treatment
- The patient declined to sign the acknowledgment
- Other _____

Signature

Name of Patient (Print or Type) _____

Name of staff member _____

Date _____