



HIPAA 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.

This Notice of Privacy Practices describes how New England Orthopedic Specialists (“NEOS”) may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations 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 condition and related health care services.

Our Uses and Disclosures

How do we typically use or share your health information? We do not need to ask for your specific permission to use or share your health information to:

Treat you: We can use your health information and share it with other professionals who are treating you. NEOS may disclose PHI to other physicians, health care providers, or entities who become involved in your care. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary, including, but not limited to, the following. We can share PHI with outside vendors or consultants that perform services on our behalf and who must also take steps to keep your health information private. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at NEOS or to inform you of treatment alternatives or other healthcare services or benefits that we offer. We also may disclose information to doctors, nurses, technicians, medical students, and other personnel for educational and learning purposes. *Example: We use health information about you to manage your treatment and services.*

Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.

Help with public health and safety issues: We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research: We can use or share your information for health research.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena, or other lawful process.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us not to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

State and/or federal laws provide special privacy protections for information regarding HIV/AIDS, mental health, substance abuse, and certain genetic information. NEOS will disclose such information only in a manner that is consistent with these laws.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. All requests must be submitted in writing and be signed by you or an authorized representative.

Get an electronic or paper copy of your medical record: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. If you request an electronic copy of your records, we will work with you to provide you with an electronic form and format of your choice, if it is readily available. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record: You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must include the specific information that you are asking us to correct, and the reason why. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. It is your responsibility to give us telephone number(s) and addresses that will allow us to carry out your needs to reach you and care for you. We can require you to give information as to how a payment will be handled, and what address a bill should be mailed to.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that specific information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you feel your rights are violated:

- You may file a complaint with us by notifying our Compliance Officer of your complaint. Our Compliance Officer can be reached at our office at 978-531-0800 x128.
- You can also file a complaint with the U.S. Department of Health and Human Services, JFK Federal Building – Room 1875, Boston, MA 02203, Phone 617-565-1340, or email OCRComplaint@hhs.gov.
- We will not retaliate against you for filing a complaint.

For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Our Responsibilities

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. However, we cannot take back any disclosures that were made previously with your permission.
- We will retain the records of the care we provided to you as required by law.
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site.

Contact Information

If you have any questions about this Notice or would like to submit a written request, please contact the NEOS Compliance Officer at 4 Centennial Drive, Suite 201, Peabody, MA 01960 Phone 978-531-0800 x128.

Please sign the accompanying “Acknowledgment” form. Please note that by signing the Acknowledgment form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

Effective as of September 23, 2013