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## **SUMMIT ORTHOPEDICS**

**A Division of Centers For Advanced 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 THIS CAREFULLY.**

The Health Insurance Portability and Accountability act of 1996 (HIPPA) is a federal program that requires all medical records and other individual identifiable health information used or disclosure by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment:** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services.

- **Payment:** means activity such as obtain reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to insurance company for payment.

- **Health Care Operations:** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute the identified insurance information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternative or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization, You may revoke such as authorization in writing and we are required to honor and abide by that written request, except, to the extended that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the privacy officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree in writing to remove it.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.