

**ORTHOPAEDIC ASSOCIATES NOTICE OF PRIVACY PRACTICE  
(SHORT VERSION)**

EFFECTIVE DATE: JANUARY 1, 2019

**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.**

We understand that medical information about you and your health is personal. Orthopaedic Associates is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect. A paper copy of this notice may be obtained upon request.

**How Orthopaedic Associates May Use or Disclose Your Health Information**

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Orthopaedic Associates protects the privacy of your health information. We must have your written authorization to use or disclose your health information. However, the law permits Orthopaedic Associates to use or disclose your health information for the following purposes without your authorization:

- **For treatment.** Information obtained by Orthopaedic Associates will be used for medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.
- **For payment.** We may use and disclose your health information about you so that treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party.
- **For Health Care Operations.** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.
- **As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **For Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request ( which may include written notice to you) or to obtain an order protecting the information requested.
- **For specific Government Functions.** Orthopaedic Associates may disclose health information for the following specific government functions: (1) health information of military personnel, as required by military command authorities; (2) health information of inmates, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, and (4) for national security reasons.

**When Orthopaedic Associates May Not Use or Disclose Your Health Information**

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Except as described in this Notice, Orthopaedic Associates will not use or disclose your health information without your written authorization. If you do authorize Orthopaedic Associates to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

**You Have the Following Rights With Respect to Your Health Information.**

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- You have the right to request restrictions on certain uses and disclosures of your health information. Orthopaedic Associates is not required to agree to a restriction that you request. If we do agree to any restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the uses or disclosures of information that are required by law.
- You have the right to inspect and copy your health information as long as Orthopaedic Associates maintains the health information. Your health information usually will include your medical records and billing records. To inspect or to receive a copy of your health information, you must submit a written request to 8854 W. Emerald St., Ste 140 Boise, ID 83704. We may charge a fee for the costs of copying, mailing that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. You have a right to choose to obtain a summary instead of a copy of your health information.
- You have the right to request that Orthopaedic Associates amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request to the privacy officer, Lisa Jack, 8854 W. Emerald St., Ste 140 Boise, ID 83704 along with the reason for the request. Orthopaedic Associates is not required to amend health information that is accurate and complete.
- You have a right to receive an accounting of disclosures of your health information we have made April 14, 2003 for purposes other than disclosures (1) for Orthopaedic Associates treatment, payment or health care operations, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a written request to Orthopaedic Associates at 8854 W. Emerald St., Ste 140 Boise, ID 83704 . You must specify the time period, which may not be longer than six years.
- You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request to Orthopaedic Associates. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

**Changes to this Notice of Privacy Practices**

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Orthopaedic Associates reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Any revised Notice will be posted in the front office of Orthopaedic Associates.

**For More Information or to Report a Problem**

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If you have questions or would like additional information about Orthopaedic Associates privacy practices, you may contact the Privacy Officer, Lisa Jack at 8854 W. Emerald St., STE 140 or phone 208-321-4790 or FAX to 208-321-4836. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer above or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.