



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.

Your Medical Records Are Private and Confidential

Andrews Orthopaedic & Sports Medicine Center (AOSMC) is dedicated to protecting your medical information. We are required by law to maintain the privacy of your medical information and to provide you with this notice of our legal duties and privacy practices with respect to your medical information. Andrews Orthopaedic and Sports Medicine Center is required by law to abide by the terms of this notice.

The latest version of this notice can always be found on our website at www.andrewsortho.com.

We May Use and Share Your Medical Information For:

- ◇ **Treatment Purposes:** We will use your personal health information as necessary for your treatment. Doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to your course of treatment that may include procedures, medications, tests, medical history, etc.
- ◇ **Payment Purposes:** We will use your personal health information as necessary for payment purposes. During the normal course of business operations we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. We may use your information to prepare a bill to send to you or to the person responsible for your payment.
- ◇ **Health Care Operations:** We may use your medical information to improve the way we provide care to you and others.
- ◇ **Appointment Purposes:** We may contact you to provide appointment reminders or information about your treatment. You have the right to request that we will accommodate reasonable requests by you to receive communications regarding your personal health information from us or by alternative means. For instance, if you wish for appointment reminders to not be left on voice mail, we will accommodate reasonable requests.

- ◇ **Sign-in Sheets:** We may use sign-in sheets in our office and call your name when the doctor is ready to see you.
- ◇ **Research:** We may share your information for research. The law requires us to take extra steps to protect your privacy and tell why we will be using your information.
- ◇ **Disaster Relief:** If there is a disaster such as a hurricane, plane crash, or tornado we may use your medical information to notify your family. We may also release information to an agency such as the Red Cross. Please tell us if you do not want your information shared in this way.
- ◇ **Health Oversight Activities:** We may use or disclose your medical information for public health activities, including the reporting of disease, injury, viral elements and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including but not limited to, audits, inspections, licensure actions, credentialing, administrative and/or legal proceedings.
- ◇ **Abuse or Neglect:** We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.
- ◇ **Legal Proceedings:** We may disclose your medical information in the course of certain judicial or administrative proceedings.
- ◇ **Law Enforcement:** We may disclose your medical information for law enforcement purposes or other specialized governmental functions.
- ◇ **Worker's Compensation:** We may disclose your medical information as authorized by laws relating to worker's compensation or similar programs.
- ◇ **Business Associates:** We may disclose your medical information to a business associate with whom we contact to provide services on our behalf.
- ◇ **Other Uses and Disclosures:** We are permitted and /or required by law to make certain other uses of your personal health information without your consent or authorization for the following:
 - Any purpose by law.
 - Public health activities, such as required reporting of disease, injury or required public health investigations.
 - If we suspect child abuse or neglect.
 - To your employer when we have provided health care to you at the request of your employer.
 - Court or administrative ordered subpoena.

Your Rights Concerning Your Medical Information:

- ◇ **Access To Your Personal Health Information:** You have the right to copy/receive much of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your legal representative.
- ◇ **Amendments To Your Personal Health Information:** You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration.
- ◇ **Restrictions On Use Of Your Personal Health Information:** You have the right to request restrictions on uses of your personal health information for treatment, payment or health care operations. We are not required to agree to your restriction request, but will attempt to accommodate reasonable requests when appropriate.

No Other Use Of Your Medical Information Without Your Authorization:

We will not share your medical information except in the ways indicated in the Notice unless you give us your written authorization to do so. You may revoke your authorization for other use of your medical information at any time.

We ask that you give us the opportunity to resolve any issues you have concerning your privacy. If you feel that we have violated your privacy, you may file a written complaint with the Administrator of the Andrews Orthopaedic & Sports Medicine Center. There will be no retaliation against you for filing a complaint. For further information or assistance, you may contact us at:

**Andrews Orthopaedic & Sports Medicine Center
ATTN: Privacy Issue
Office of the Administrator
1040 Gulf Breeze Parkway
Suite 200
Gulf Breeze, Florida 32561**

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, but we ask you to first allow us the opportunity to correct any issues you may have concerning your privacy.