

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review this document carefully. During your treatment at the Orthopaedic & Fracture Clinic (“OFC”), doctors, nurses, and other caregivers may gather information about your medical history and current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by OFC. OFC is required by law to make sure that medical information that identifies you is kept private; give you this notice of OFC’s legal duties and privacy practices concerning medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

Your medical information may be used and disclosed for the following purposes:

- 1. Treatment:** OFC may use your information to provide, coordinate, and manage your care and treatment. For example, OFC physicians may share your medical information with another physician to consult or make a referral.
- 2. Payment:** OFC may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from you, an insurance company, or another third party. For example, OFC may need to give your health plan information about the treatment you received at OFC so that your health plan will pay us or reimburse you for the treatment. OFC may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment or for an independent review of a denial of a claim based on lack of medical necessity.
- 3. Healthcare Operations:** OFC may use and disclose medical information about you for OFC’s healthcare operations. Healthcare operations are the uses and disclosure of information necessary to run OFC and ensure that all our patients receive quality care. For example, OFC may use medical information to review OFC’s treatment and services and evaluate the performance of our staff and physicians caring for you.
- 4. Appointment Reminders and Other Health Information:** We may use your medical information to send you reminders about future appointments. We may also send you refill reminders or other communications about your current medications. However, if we receive any financial remuneration for making such refill or medication communication beyond our costs, we must first obtain your written authorization to make such communications. We may contact you with information about new or alternative treatments or other healthcare services or for purposes of care coordination unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain your written authorization to make such communications. However, we are not required to obtain your written authorization for face-to-face communications.
- 5. To People Assisting in Your Care:** OFC will only disclose medical information to those taking care of you, helping you to pay your bills, or other close family members or friends; if these people need to know this information to help you, and then only to the extent permitted by law. OFC, for example, may provide limited medical information to allow a family member to pick up a prescription for you. Generally, OFC will get your written consent before making disclosures about you to family or friends. If you can make your own healthcare decisions, OFC will ask your

permission before using your medical information for these purposes. Suppose you cannot make a healthcare decision. In that case, OFC will disclose relevant medical information to family members or other responsible people if OFC feels it is in your best interest to do so, including in an emergency.

6. **Research:** Federal law permits OFC to use and disclose medical information about you for research purposes, either with your specific written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. In Minnesota, you may object to our disclosure of your health records to an external researcher, and we must use reasonable efforts to obtain your written general authorization before the disclosure.
7. **As Required by Law:** OFC will disclose medical information about you when we are required to do so by federal, state, or local law.
8. **To Avert a Serious Threat to Health or Safety:** OFC may use and disclose medical information about you to prevent a serious threat to your, the public's, or another person's health and safety.
9. **To Business Associates:** Some services are provided by or to OFC through contracts with business associates. Examples include OFC's attorneys, consultants, collection agencies, and accreditation organizations. OFC may disclose information about you to our business associates so that they can perform the job we have contracted with them to do. To protect disclosed information, each business associate must sign an agreement to safeguard the information appropriately and not to redisclose the information unless specifically permitted by law.

Medical information may be released in the following special situations:

1. **Organ and Tissue Donation:** OFC may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. The information that OFC may disclose is limited to the information necessary to make a transplant possible.
2. **Military and Veterans:** If you are an armed forces member, OFC will release medical information about you as requested by military command authorities if we are required to do so by law or when we have your written consent. OFC may also release medical information about foreign military personnel to the appropriate foreign military authority, as required by law or with written consent.
3. **Workers' Compensation:** OFC may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses. OFC is permitted to disclose information regarding your work-related injury to your employer or your employer's workers' compensation insurer without your specific consent, so long as the information is related to a worker's compensation claim.
4. **Public Health:** OFC may disclose medical information to public health authorities about you for public health activities. These disclosures generally include reporting or notifying appropriate persons about:
 - Preventing or controlling disease, injury, or disability
 - Births or deaths
 - Abuse or neglect to a child or a vulnerable adult
 - Adverse reactions to a medication or a problem with a product
 - Recalls for products they may be using
 - Possible exposure to a disease or risk for contracting or spreading a disease or condition
 - Reporting to the FDA as permitted or required by law

5. **Health Oversight Activities:** OFC may disclose medical information to a health oversight agent for health oversight activities authorized by law. These oversight activities include, for example, government audits, investigators, inspections, and licensure activities. Through these activities, the government must monitor the healthcare system, government programs, and compliance with civil rights laws.

6. **Lawsuits and Disputes:** OFC may disclose medical information about you with your written consent in response to a valid court order or statutory authorization.

7. **Law Enforcement:** OFC may release medical information if asked to do so by a law enforcement official when we have your written consent or in the following circumstances when we do not have your written consent:

- To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena
- To comply with an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or a similar process authorized under law, provided that the information sought is relevant and material to a legitimate law enforcement inquiry; the request is specific and limited in scope to the extent reasonably practicable considering the purpose for which the information is sought, and de-identified information could not reasonably be used
- To report certain types of wounds where required by law, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order
- If you are the victim of a crime, if, under certain circumstances, we are unable to obtain your agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facility
- In emergency circumstances, to report a crime, the location of the crime or victims or the identity description or location of the person who committed the crime

OFC may also release your name and address, date and place of birth, social security number, ABO blood type, Rh factor, type of injury, date and time of treatment, date and time of death (if applicable), and a description of distinguishing physical characteristics, to law enforcement in the following situations:

- To identify or locate a suspect, fugitive, material witness, or missing person
- If a member of our workforce is a victim of a criminal act, and you are the suspected perpetrator
- To identify or apprehend an individual who has admitted participation in a violent crime that we reasonably believe may have caused serious physical harm to a victim, provided that the admission was not made during or based on your request for therapy, counseling, or treatment related to the propensity to commit this type of violent act

8. **Coroners, Medical Examiners, and Funeral Directors:**

OFC will release medical information to a coroner or medical examiner in the case of certain types of death, and OFC must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. OFC may also release the facts of death and certain demographic information about you to funeral directors, as necessary, to carry out the duties.

9. **National Security and Intelligence Activities:**

OFC will release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities only as required by law.

10. **Protective Services for the President and Others:**

OFC will disclose medical information about you to authorized federal officials so they may protect the President, other authorized persons, or foreign heads of state or conduct special investigations only as required by law.

11. **Inmates:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, OFC will release medical information about you to the correctional institution or law enforcement official only as permitted by law.

You have the following rights regarding your medical information OFC maintains about you:

1. Right to Inspect and Copy: You have the right to inspect and receive a copy of your medical information used to make decisions about your care. Usually, this includes medical and billing records maintained by OFC. If you wish to inspect and copy medical information, you must submit your request in writing to OFC's Health Information Department.

Suppose you request a copy of the information. In that case, OFC may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request to the extent permitted by federal and state law. If OFC maintains your health information electronically as part of a designated record set, you have the right to receive an electronic copy upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing.

OFC may deny your request to inspect and copy your information in certain minimal circumstances. For example, OFC may deny access if your physician believes it will harm your health or could cause a threat to others. In these cases, OFC may supply the information to a third party, which may release the information to you. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by OFC will review your request and the denial. The person conducting the review will not be the person who denied your request. OFC will comply with the review outcome.

2. Right to Request Amendment: If you believe that the medical information OFC has about you is incorrect or incomplete, you have the right to ask OFC to change the information. You have the right to request an amendment for as long as the information is kept by or for OFC. To request a change to your information, you must write it down and submit it to Patient Services. You must also provide a reason for your request. OFC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, OFC may

deny your request if you ask OFC to amend information that

- Was not created by OFC unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by OFC
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete

3. Right to an Accounting of Disclosures: you have the right to request an "accounting of disclosures," a list of the disclosures OFC made of your medical information. This list will *not* include disclosures for treatment, payment, and healthcare operations; disclosures that you authorized or that have been made to you; disclosures for the facility directories; disclosures of national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003, and certain other disclosures. To request this list of disclosures, you must submit your request in writing to Patient Services. Your request must state the period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. You may receive one free accounting in any 12 months. OFC will charge you for additional requests.

4. Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information OFC uses or discloses about you. If you pay out-of-pocket in full for an item or service, then you may request that OFC not disclose information pertaining solely to such item or service to your health plan for payment of healthcare operations. OFC is required to agree with such a request unless you request a restriction on the information we disclose to a health maintenance organization ("HMO"), and the law prohibits us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. *However, OFC is not required to agree to any other request.* If OFC agrees with your request, OFC will

comply with your request unless the information is needed to provide you with emergency treatment or you request that OFC remove the restriction.

To request restrictions, specify your request to Patient Services in writing. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit OFC use, disclosure, or both, and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

5. Right to Request Confidential Communications: You have the right to request that OFC communicate with you about medical matters in a certain way or location. For example, you can ask OFC to contact you only at work or by mail.

To request confidential communications, you must make your request to Patient Services in writing. OFC will not ask you the reason for your request. OFC will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and OFC may require you to provide information about how payment will be handled.

6. Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice. You may ask OFC to give you a copy at any time. This notice is available on the OFC website, www.ofc-clinic.com.

Changes to This Notice: The effective date of this notice is April 14, 2003, and has been updated effective April 17, 2024. OFC reserves the right to change this notice. OFC reserves the right to make the revised or changed notice effective for medical information OFC already has about you and any information OFC receives in the future. If the terms of this notice are changed, OFC will provide you with a revised notice upon request, and OFC will post the reviewed notice at www.ofc-clinic.com and in designated locations at the OFC.

Complaints of Questions: If you believe your privacy rights have been violated, you may file a complaint with OFC or the Secretary of the Department of Health and Human Services. To file a complaint with OFC or to ask questions about this notice, contact Patient Services at (507) 386-6600. All complaints must be submitted in writing; please mail complaints to 1431 Premier Drive, Mankato, MN 56001, Attn: Patient Services. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Protected Health Information: OFC must obtain written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information, except as described above. OFC will not use or disclose your protected health information without your written authorization. If you provide OFC with this written authorization to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, OFC will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent OFC already has relied on your authorization. OFC cannot take back any disclosures that have already been made with your permission, and OFC must retain records of the care provided to you.

Notice of Nondiscrimination: Discrimination is against the law. It is the policy of the OFC not to discriminate based on race, color, national origin, sex, age, or disability in the provision of patient health benefits and to abide by all applicable federal, state, and local laws that prohibit discrimination. Our policy is to inform patients of their rights and the grievance process.



Orthopaedic and Fracture Clinic

1431 Premier Drive | Mankato, MN 56001-0676

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