

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 document carefully.

During your treatment at The Orthopaedic & Fracture Clinic, P.A. (OFC), doctors, nurses, and other caregivers may gather information about your medical history and your 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 with respect to medical information about you; follow the terms of this notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected 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, an OFC physician may share your medical information with another physician for a consultation or a referral. OFC will get your written consent prior to making disclosures outside of OFC for treatment purposes, except in emergency circumstances when it is not possible to get your consent.
- 2. Payment:** OFC may use and disclose medical information about you so that treatment and services you receive may be billed to you, an insurance company, or another third party. For example, OFC may need to give your health plan information about treatment you received to get paid for services received or to reimburse you for processed payments. OFC may also tell your health plan about a treatment you will receive to obtain prior authorization or to determine if your plan will cover the treatment or for purposes of an independent review of a denial of a claim based on lack of medical necessity. OFC will get your written consent prior to making disclosures for payment purposes.
- 3. Health Care Operations:** OFC may use and disclose medical information about you for OFC's health care operations. Health care operations is the use and disclosure of information that is necessary to run OFC and to make sure that all patients receive quality care. For example, OFC may use medical information to review OFC's treatment and services and to evaluate the performance of staff and physicians in caring for you. OFC will get your written consent prior to disclosing to third parties outside of OFC for health care operations purposes.
- 4. 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 prior to disclosing information about you to your family or friends. If you can make your own health care decisions, OFC will ask your permission before using your medical information for these purposes. If you are unable to make health decisions, OFC will disclose relevant medical information to family members of other responsible people if OFC feels it is in your best interest to do so, including in an emergency.
- 5. 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 or Privacy 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. Minnesota law generally requires that OFC receives your general consent before health information is released to an outside researcher. OFC will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.

6. **As Required by Law:** OFC will disclose medical information about you when required by the federal, state, or local law.
7. **To Avert a Serious Threat to Health or Safety:** OFC may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, the health and safety of the public, or another person. Any disclosure must be only to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless the patient signs a written consent to do so or when the disclosure is specifically required by law, including the limited circumstances in which OFC health care professionals have a “duty to warn.”
8. **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 said business associates to perform the contracted job. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information 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 transplant possible.
2. **Military and Veterans:** If you are a member of the armed forces, OFC will release medical information about you, as requested by military command authorities, if required by law, or when written consent is received. 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 provided benefits for work-related injuries or illness. OFC is permitted to disclose information regarding your work-related injury to your employer or your employer’s workers’ compensation insure without your specific consent, so long as the information is related to a workers’ compensation claim.
4. **Public Health:** OFC may disclose medical information to the public health authorities about you for public health activities. These disclosures generally include the following.
  - a. Preventing or controlling disease, injury, or disability
  - b. Reporting births and deaths
  - c. Reporting child abuse or neglect, or abuse of a vulnerable adult
  - d. Reporting reactions to medications or problems with products
  - e. Notifying people of recalls of products they may be using
  - f. Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

- g. Reporting to the FDA as permitted or required by law
- 5. **Health Oversight Activities:** OFC may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws. Minnesota law requires that patient-identifying information, for example, your name, social security number, etc., be removed from most disclosures for health oversight purposes, unless you have provided OFC with written consent for the disclosure.
- 6. **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceeding, OFC may disclose medical information about you in response to a valid court order with your written consent.
- 7. **Law Enforcement:** OFC may release medical information if asked to do so by a law enforcement official in response to a valid court order, or with your written consent. In addition, OFC is required to report certain types of wounds, 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. OFC may also release information to law enforcement that is not a part of the health record (non-medical) for the following reasons
  - a. To identify or locate a suspect, fugitive, material witness, or missing person
  - b. If you are the victim of a crime, if, under certain limited circumstances, OFC is unable to obtain your agreement
  - c. Regarding a death OFC may be the result of criminal conduct
  - d. About criminal conduct at OFC's facility
  - e. In an emergency circumstance to report a crime; the location of the crime or victim(s); or to identify the description or location of the person(s) who committed the crime
- 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; 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 fact of death and certain demographic information about you to funeral directors, as necessary, to carry out their duties. Other disclosures from your health record will require the consent of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative, for a period of 50 years following your death.
- 9. **National Security and Intelligence Activities:** OFC will release medical information about you to authorized federal officials or intelligence and other national security activities only as required by law or with written consent.
- 10. **Protective Services for the President and Others:** OFC will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.
- 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 or with your written consent.

### **You Have the Following Rights Regarding 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 that is 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.

If you request a copy of the information, OFC may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If OFC maintains your health information in an electronic health record, you have the right to provide such electronic health information 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 very limited circumstances. For example, OFC may deny access if your physician believes it will be harmful to your health or could cause a threat to others. In these cases, OFC may supply the information to a third party who may release the information to you. If you are denied access to medical information, you may request that the deny be reviewed. Another licensed health care 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 outcome of the review.

2. **Right to Request Amendment:** If you believe that 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, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports 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

- a. Was not created by OFC, unless the person or entity that created the information is no longer available to make the amendment
  - b. Is not part of the medical information kept by or for OFC
  - c. Is not part of the information which you would be permitted to inspect and copy
  - d. Is accurate and complete
3. **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures OFC made of medical information about you. This list will *not* include disclosures for treatment, payment, and health care operations; disclosures you authorized or have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institution or law enforcement with custody of you; and certain other disclosures.

To request this list of disclosures, you must submit your request in writing to the Patient Services. Your request must state a period in which you would like the accounting for. The accounting period may not go back further than six years from the date of the request. You may receive one free accounting in a 12-month period. 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 to such item or service in your health plan for purposes of payment or health care operations. OFC is required to agree with such a request; *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 emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must include (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 at a certain location. For example, you can ask that OFC only contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to Patient Services. 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 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 of this notice any time. [This notice is on the OFC website, www.ofc-clinic.com.](http://www.ofc-clinic.com)

### **Changes to This Notice**

The effective date of this notice is April 14, 2003, and it has been updated effective October 7, 2021. 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, as well as any information OFC receives in the future. If the terms of this notices are changed, OFC will provide you with a revised notice upon request, and OFC will post the reviewed notice at [www.ofc-clinic.com](http://www.ofc-clinic.com) and in designated locations at the OFC.

### **Complaints or Questions**

If you believe your privacy rights have been violated, you may file a complaint with OFC or with the Department of Health and Human Services Office for Civil Rights. To file a complaint with OFC, you may contact the Patient Advocate at (507) 386-6600. All complaints must be submitted in writing, please mail complaints to 1431 Premier Drive, Mankato, MN 56001 Attn: Patient Advocate. You will not be penalized or retaliated against for filing a complaint.

### **Other Uses of Medical Information**

OFC is required to obtain a written authorization for most uses and disclosures of psychotherapy notes, uses and disclosures or 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 a specific written authorization from you. If you provide OFC with this written authorization to use or disclose medical information about you, you make 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 of the extent OFC already has already relied on your authorization. OFC is unable to take back any disclosures that has already made with your permission, and OFC is required to retain records of the care provided to you.

### **Notice of Nondiscrimination**

Discrimination is against the law. It is the policy of The Orthopaedic & Fracture Clinic, P.A. not to discriminate based on race, color, national origin, sex, age, or disability in the provision of employee health benefits and to abide by all applicable federal, state, and local laws that prohibit discrimination. It is our policy to inform employees of their rights and the grievance process.