

University Orthopedic and Joint Replacement Center
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NOTICE OF PRIVACY PRACTICES (with HITECH updates)

Effective date: 9/23/13

This notice was revised on May 27, 2020

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. If you have any questions about this notice or if you need more information, please contact our privacy officer:

Privacy Officer: Laura Berkowitz
Mailing address: 7171 N. University Drive, Suite 100
Tamarac, FL 33321
Telephone: 954-718-7776, ext. 221 Fax: 954-597-7773

ABOUT THIS NOTICE

We care about our patients' privacy and strive to protect the confidentiality of your medical information. You have certain rights, and we have certain legal obligations, regarding the privacy of your Protected Health Information (PHI) and this Notice explains these rights and obligations. Federal legislation requires that we issue this official notice of our privacy practices. We are required by law to maintain the privacy of your medical information, to abide by the terms of this Notice, and to provide notice of our legal duties and privacy practices with respect to protected health information. Anyone employed in this medical practice that may need access to your information must abide by this Notice. All subsidiaries, business associates (such as a billing service), sites, and locations of this practice may share medical information with each other for treatment, payment, or health care operations as described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish a specific task will be shared. We reserve the right to change this Notice and to make the revised or changed Notice effective for medical information we already have about you as well as for any information we receive in the future. We will post a copy of the current Notice with the effective date of any changes on the posted copy.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (abbreviated PHI) is information that individually identifies you and that we create or get from you or another health care provider, a health plan, an employer, or a healthcare clearinghouse that relates to your (1) past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past present, or future payment for your health care.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of use or disclosure, however not all possible uses or disclosures are listed.

For treatment: We may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe. Example: We may disclose PHI to doctors, nurses, technicians and other personnel who are involved in caring for you, including people outside our practice, such as a referring physicians or specialists.

For payment: We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or another third party. Example: We may need to give your health plan information about your treatment in order for it to pay for that treatment. We may also tell your health plan about a treatment you are going to receive to find out if your plan will cover that treatment. If a bill is overdue, we may need to give PHI to a collection agency to the extent necessary to help collect the amount due and we may disclose an outstanding debt to credit reporting agencies.

For Health Care Operations: We may use and disclose medical information about you to assure that you receive quality care. Example: We may use medical information to review our treatment and services, to evaluate the performance of our staff in caring for you, for cost-management activities, for audits, or to get legal services. We may also give your PHI to other health care entities for their health care operations such as to your insurer for its own quality review purposes.

Minors: We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Personal Representative: If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with regard to disclosures of your PHI.

Research: We may use and disclose your PHI for research purposes, but we will only do so if the research has been specially approved by an institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at your PHI to help them prepare for research; for example, to allow them to identify patients who may be included in their research project, as long as they do not remove or take any copies of your PHI. We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research, but we will only disclose that limited data set if we enter into a data use agreement with the recipient who must agree to: (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual.

As required by law: We will disclose PHI about you when required to do so by federal, state, local, or international law.

To avert serious threats to health or safety: We may use and disclose PHI when necessary to prevent a serious threat to your health or safety, or to the health or safety of others but we will only disclose the information to someone who may be able to help prevent the threat.

Business Associates: We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. Example: we may use another company to do our billing, collect debts, provide transcription services or provide consulting services. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.

Organ and tissue donation: If you are an organ or tissue donor, after your death we may use or disclose your PHI to organizations that handle organ procurement or transplantation, such as an organ bank, to facilitate organ or tissue donation and transplantation.

Military and veterans: If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military service.

Workers' Compensation: We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work related injuries or illnesses.

Public health risks: We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety, or effectiveness of an FDA regulated product or activity, (2) prevent or control disease, injury, or disability, (3) report births and deaths, (4) report child abuse or neglect, (5) report reactions to medications or problems with products, (6) notify people of recalls of products they may be using, (7) persons who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and (8) the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Health oversight activities: We may disclose PHI to a health oversight agency for activities authorized by law. These kinds of activities include audits, investigations, licensure, and similar activities that are necessary for the government to monitor those who work in the health care system, government benefit programs, and compliance with civil rights laws.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested. We may also use or disclose your PHI to defend ourselves if you sue us.

Law enforcement: We may release PHI if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime, about a death we believe may be the result of criminal conduct, about criminal conduct on our premises, and in emergency situations to report a crime, the location of a crime or crime victims, or to report the identity, description, or location of the person who committed the crime.

National security: We may release PHI to authorized federal officials for nation security activities authorized by law. Example: we may disclose PHI to officials who protect the President.

Coroners, Medical Examiners, Funeral Directors: We may release PHI to a coroner, medical examiner or funeral director so they can carry out their duties. Examples: body identification, determining cause of death, funeral preparation activity.

Inmates: If you are an inmate in a correctional institution or in the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary: (1) for the institution to provide you with health care, (2) to

protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional facility.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals involved in your care or payment for your care: We may disclose PHI to a person who is involved in your medical care or helps pay for that care, such as a family member or friend, but only to the extent that it is relevant to that person's involvement in your care or payment. Before we will do that, however, we will provide you with an opportunity to object to and opt out of such a disclosure whenever we practicably can do so.

Disaster relief: We may disclose PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so. Example: American Red Cross needing to locate disaster victims.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us authorization to disclose medical information about you, you may revoke it, in writing, at any time by submitting your written revocation to our Privacy Officer. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made in reliance on your authorization before you revoke it and those past disclosures will not be affected by the revocation. Examples of specific uses and disclosures that will only be made with your authorization include uses and disclosures for marketing purposes, for fundraising efforts or for activities that constitute the sale of PHI.

SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH AND GENETIC INFORMATION

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health and genetic information. Some parts of this general Notice may not apply to these kinds of PHI. Please check with our Privacy Officer for information about special protections that do apply. Example: if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

YOUR INDIVIDUAL RIGHTS REGARDING DISCLOSURES AND CHANGES TO YOUR PROTECTED HEALTH INFORMATION

Right to request restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care

operations or to someone who is involved in your care or payment for your care like a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or until we terminate our agreement. To request restrictions, you must submit your request in writing to the Privacy Officer, telling us what information you want to limit.

Out of pocket payments: If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations and we will honor that request.

Right to an Accounting of Non-Standard Disclosures: You have the right to request an accounting of the disclosures we have made of medical information about you. You must submit a written request to the Privacy Officer and state the time period for which you want to receive a list of disclosures, which may not be longer than six years before your request. Your request should indicate in what form you want the list (e.g.: on paper or by email). The first accounting of disclosures you request within a 12-month period will be free. For additional lists within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to modify or withdraw your request before the costs are incurred.

Right to Request Amendments: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is kept by or for us. To request amendment, you must submit your request in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must provide a reason that supports your request. We may deny your request if it is not in writing or does not include a supporting reason. In addition, we may deny your request if the information (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not part of the information which you would be permitted to inspect and copy, or (4) which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us of reasonable length and we may prepare a rebuttal to your statement of disagreement, which will be provided to you. Statements of disagreement and rebuttals will be included in your medical record and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Right to inspect and copy: You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This usually includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at the address provided in the beginning of this Notice. If you request a copy of this information, we may charge you a fee for the costs of copying, mailing and/or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request to inspect and copy in certain limited circumstances. If we deny your request, you have the right to ask that the denial be reviewed by a licensed health care professional chosen by this practice who was not directly involved in the denial of your request. We will comply with the outcome of the review.

Right to an electronic copy of electronic medical records: If your PHI is maintained in an electronic format (known as electronic medical records or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to get notice of a security breach: We are required to notify you by first-class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your unsecured PHI as soon as possible, but in any event, no later than 60 days after we discover the breach. "Unsecured PHI" is PHI that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:

a short description of what happened, the date of the breach, and date of discovery; the steps you should take to protect yourself from potential harm from the breach; the steps we are taking to investigate the breach, mitigate loss, and protect against future breaches; and contact information where you can ask questions and get additional information.

If the breach involved 10 or more patients whose contact information is out of date, we will post a notice of the breach in a major print or broadcast media.

Right to Request Confidential Communications: You have the right to request that we communicate with you only in certain ways in order to protect your privacy. You must make any such request in writing and the request must specify how or where we are to contact you. We will accommodate all reasonable requests but may deny a request if it imposes an unreasonable burden on our practice. We will not ask you the reason for your request. Example: you may request that we contact you by mail at a special address or call you only at your work number.

Right to a paper copy of this Notice: You have the right to a paper copy of our current Notice of Privacy Practices at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy, please request one from the Privacy Officer.

HOW TO EXERCISE YOUR RIGHTS

To exercise your rights as described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the beginning of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your PHI, you may also contact your physician directly. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

CHANGES TO THIS NOTICE

The effective date of this Notice is stated at the beginning. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is available in our office and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services.

To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. You will not be penalized or discriminated against for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, DC 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. There will be no retaliation against you for filing a complaint.