

NOTICE OF PRIVACY PRACTICES

Effective Date: May 1, 2013

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 ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION AND TO PROVIDE YOU WITH A NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION. PROTECTED HEALTH INFORMATION IS INFORMATION ABOUT YOU, INCLUDING DEMOGRAPHIC INFORMATION THAT MAY IDENTIFY YOU AND THAT RELATES TO YOUR PAST, PRESENT OR FUTURE PHYSICAL OR MENTAL HEALTH OR CONDITION AND RELATED HEALTH CARE SERVICES.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:

1. Inspect and copy all or any part of your medical or health record, as provided by federal regulations.
2. Request restriction on the use and disclosure of your PHI. However, Bone & Joint Surgery Associates is not required to agree to the restriction, except if you pay for a service entirely out-of-pocket. If you pay for a service entirely out-of-pocket, you may request that information regarding the service be withheld and not provided to a third party payer, Bone & Joint Surgery Associates is obligated by law to abide by such restriction. If you wish to request a restriction on the use and disclosure of your PHI, please provide a written request describing your requested disclosure to the Privacy Officer. We will notify you of our decision regarding the requested restriction.
3. Request that we amend your medical record, to the extent that such amendments are permissible under federal regulations.
4. Request and receive an accounting of disclosures made of your health information, except for disclosures made for the purpose of treatment, payment, health care operations and certain other purposes if such disclosures were made through a paper record or other health record that is not electronic, as set forth in federal regulations. On and after January 1, 2011, if you request an accounting of disclosures of your PHI, the accounting may include disclosures made for the purpose of treatment, payment and health care operations to the extent that disclosures are made through an electronic health record.

5. Obtain a paper copy of this Notice from, Bone & Joint Surgery Associate upon request.
6. Receive communications regarding your health information by alternative means or have such communications addressed to an alternative location. For example, at your request, we will mail items to a post office box instead of your residence.
7. Receive notification if your unsecured (i.e. identifiable) PHI has been accessed by unauthorized individuals if we determine that there is a potential risk of harm as a result of the unauthorized access.
8. If you execute any authorization(s) for the use and disclosure of your health information, revoke such authorization(s), except to the extent that action has already been taken in reliance on such authorization.
9. Request and receive an electronic copy of your PHI if, Bone & Joint Surgery Associates maintains your PHI in an electronic health record. Bone & Joint Surgery Associates may charge you a reasonable fee to cover its costs for this service.

WE MAY DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR THE FOLLOWING REASONS:

1. We may disclose your PHI for the purpose of treatment, payment, or health care operations. Examples of these types of disclosures are provided below:

Treatment purposes

Example: Information obtained by your physician will be recorded in your medical record and used to assess and monitor your health status, determine the appropriate care and treatment for you, and prescribe treatments and medications for you, as necessary.

Payment purposes

Example: A bill may be sent to you or to a third party payer. The information on the bill or accompanying the bill may include information that identifies you, your diagnosis, the treatments rendered to you, and the medications, supplies and equipment used to perform the treatments.

Health care operations

Example: Employees of Bone & Joint Surgery Associates and its staff may use information in your health record to assess the quality of the care and treatment they provide to you. The information will then be used in an effort to continually improve the quality and effectiveness of the health care and services that we provide to all of our patients.

2. We may disclose your PHI in order to inform you of treatment alternatives, or other health-related benefits.
3. We may contact you to provide appointment reminders. In some instances, as required by law, we may seek your consent prior to providing you with certain materials.
4. We may disclose your PHI for the purpose of research. We will only disclose your PHI for research purposes without your express authorization if the research protocol has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
5. We may disclose your PHI to public health officials.
6. We may disclose your PHI to law enforcement officials for law enforcement purposes.
7. We may disclose your PHI to an appropriate governmental authority if we reasonably believe that you may be a victim of abuse, neglect, or domestic violence.
8. If we believe it is necessary to avert a serious threat to the health or safety of yourself or the public, we may disclose your PHI to a person or persons who we believe are reasonably able to prevent or lessen the threat.
9. We may disclose your PHI as a source of data for business planning and for certain marketing purposes.
10. We may use your PHI as a tool for quality assurance and continuous quality improvement.
11. We may disclose your PHI as required by federal and state laws and regulations.
12. We may disclose your PHI to a health oversight agency, such as the Texas Department of State Health Services, the Texas Health and Human Services Commission or the United States Department of Health and Human Services for purposes relating to the oversight of the health care system and government benefit programs such as Medicare or Medicaid.
13. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a court order, subpoena, discovery request or other lawful process.
14. We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other purposes as authorized by law. We may also disclose your PHI to funeral directors as necessary to carry out their duties.

15. We may disclose your PHI to organizations involved in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue, for the purpose of facilitating organ and tissue donation where applicable.

16. If you are a member of the United States or foreign Armed Forces, we may disclose your PHI for activities that are deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.

17. We may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security functions authorized by law, or for the purpose of providing protective services to the President or foreign heads of state.

18. We may disclose your PHI to a correctional institution or a law enforcement official having lawful custody of you.

19. We may disclose your PHI as authorized by, and in compliance with, laws relating to workers' compensation and similar programs established by law that provide benefits for work-related illnesses and injuries without regard to fault.

EXAMPLES OF OTHER PERMISSIBLE OR REQUIRED DISCLOSURES

Business associates: Some activities of Bone & Joint Surgery Associates are provided on our behalf through contracts with business associates. Examples of when we may use a business associate include consulting and quality assurance activities provided by an outside consultant, billing and coding audits performed by an outside auditor, and other legal and consulting services provided in response to billing and reimbursement issues which may arise from time to time. When we enter into contracts to obtain these services, we may need to disclose your health information to our business associate so that the associate may perform the job, which we have requested. To protect your health information, however, we require our business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, close personal friend, or other person responsible for your care of your location and general condition, Bone & Joint Surgery Associates will not disclose your PHI to your family members, personal representative or close personal friends as described in this paragraph if you object to such disclosure. Please notify the Privacy Officer at the number provided below if you object to such disclosures.

Communication with family members: Health professionals, including those employed by or under contract with Bone & Joint Surgery Associates may disclose to a family member, other relative, close personal friend or any other person you identify, health information relative to that person's involvement in your care or payment related to your care, unless you object to the disclosure.

Federal law allows for the release of your PHI to appropriate health oversight agencies, public health authorities or attorneys, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Any use or disclosure of your PHI that is not listed above will be made only with your written authorization.

BONE & JOINT SUREGRY ASSOCIATES'S RESPONSIBILITIES:

1. Maintain the privacy of your health information.
2. Provide you with this Notice as to our legal duties and privacy practices with respect to the information we maintain and collect about you.
3. Abide by the terms of this Notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Provide you with a revised copy of this Notice if it is altered or amended.
6. Notify you if we discover a breach of any of your PHI that is not secured in accordance with federal guidelines.
7. Notify another covered entity if we inadvertently receive your PHI from a covered entity or a business associate thereof as a result of a breach of your PHI. In addition, we will return or destroy such protected health information to the extent required by law.

Bone & Joint Surgery Associates reserves the right to change its privacy practices for all protected health information that we maintain. If our privacy practices materially change, South Texas Renal Care Group will revise this Notice and make this Notice available to you the next time you visit our office. If you request for us to do so, we will mail you a copy of this Notice. In addition, this Notice is available on our website at BJSAPA.com.

Unless you authorize us to do so, Bone & Joint Surgery Associates will not use or disclose your personal health information in a Manner inconsistent with this Notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer. Additionally, you may file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

If you have questions or would like additional information, or if you wish to file a complaint with us regarding our use or disclosure of your PHI, you may contact, Bone & Joint Surgery Associates' Privacy Officer, at 210-557-7858.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, I acknowledge receipt of the Notice of Privacy Practices of Bone and Joint Surgery Associates. The Notice of Privacy Practices provides information how Bone & Joint Surgery Associates may use and disclose my protected health information.

I acknowledge receipt of the Notice of Privacy Practices of Bone & Joint Surgery Associates.

_____ Date: _____

(patient/parent/conservator/guardian)

FOR BONE & JOINT SURGERY ASSOCIATES USE ONLY

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the patient's acknowledgement, describe the good faith efforts made to obtain the patient's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of Bone & Joint Surgery Associates representative:

_____ Date _____