



**University Orthopaedic Surgery Center (UOSC)
Notice of Privacy Practices**

This notice explains how medical information about you may be used and disclosed and how you can access this information. It also describes the privacy practices of University Orthopaedic Surgery Center and the physicians who provide services to patients at the facility. **Please review it carefully.**

PROTECTED HEALTH INFORMATION

Under federal law, your protected health information (PHI) is protected and confidential. PHI includes information about your symptoms, test results, diagnosis, treatment and related medical information as well as payment, billing and insurance information.

HOW WE USE YOUR PROTECTED HEALTH INFORMATION

We use your PHI for treatment, to obtain payment, and for health care operations including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information without your permission. Our Business Associates must also follow privacy rules.

EXAMPLES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Treatment: We will use and disclose your PHI to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care and to recommend alternative treatments. We may also disclose PHI to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions and to family members who are helping with your care.

Payment: We will use and disclose your PHI for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your PHI to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care and outcomes of your case and others like it.

SPECIAL USES

We may use your PHI to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives and other health-related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES

We may use or disclose identifiable PHI about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out PHI without your permission for the following purposes:

Required by law: We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events as required by law enforcement.

Public Health Activities: As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products and similar information to public health authorities.

Health Oversight: We may be required to disclose PHI to assist in investigations and audits, eligibility for government programs and activities or for fraud investigations.

Judicial and Administrative Purposes: We may be required to disclose PHI in response to an appropriate subpoena or court order.

Law Enforcement Purposes: Subject to certain restrictions, we may be required to disclose PHI required by law or law enforcement.

Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors and organ donation agencies.

Serious Threat to Health or Safety: We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions: If you are a member of the armed forces, we may be required to release PHI to military command authorities. We may also be required to disclose PHI to correctional institutions or for national security purposes.

Research: We may use or disclose PHI for approved medical research following strict internal review to ensure protection of information.

Workers Compensation: We may be required to release PHI about you for workers compensation or similar programs providing benefits for work related injuries or illness.

INDIVIDUAL RIGHTS

You have the following rights with regard to your PHI. Please contact the person listed below to obtain the appropriate form for exercising these rights.

Request Restrictions:

You may request restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request but if we agree to these restrictions, we must abide by those restrictions unless the information is needed to provide emergency treatment. You must submit your request in writing. The request must include what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to special addresses or not using postcards to remind you of appointments. You must submit your request for alternate communications in writing. The request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your PHI. There may be a nominal fee for the copies.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You must submit your request to amend in writing with a reason for the request. We 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 we may deny the request if you ask us to amend information that:

- Was not created by us
- Is not part of the health information kept by or for the facility; or
- Is accurate and complete.

Accounting of Disclosures: You may request a list of instances where we have disclosed your PHI for reasons other than treatment, payment or health care operations. You must submit your request for an accounting of disclosures in writing. The request should indicate in what form you want the list.

Notice of a breach: You have the right to be notified upon a breach of protected health information.

Out of pocket payments: If you paid out of pocket in full for a specific service, you have the right to ask that information with respect to that service not to be disclosed to your health plan. You must submit your request in writing for non-disclosure.

Paper Copy: You have the right to obtain a paper copy of this notice even if you receive it electronically. You may ask for a copy of the notice at any time.

OUR LEGAL DUTY

We are required by law to protect and maintain the privacy of your health information, to provide this notice about our legal duties and privacy practices regarding protected health information and to abide by the terms of the notice currently in effect.

CHANGES IN PRIVACY PRACTICES

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will have copies of the current notice in the facility and there is a copy available in the patient packet.

COMPLAINTS

If you are concerned that we have violated your privacy rights or if you disagree with a decision we made about your records, you may submit your concerns in writing to the person listed below. You may also send a written complaint to the US Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person:

Executive Director

University Orthopaedic Surgery Center

1600 Accelerator Way Suite 100

Knoxville, Tennessee 37920

INDEPENDENT CONTRACTORS

University Orthopaedic Surgery Center and the physicians who practice here are independent contractors and do not hereby assume any liability for the services or conduct of others.

Effective Date: The effective date of this notice is 6/1/2022.