

Compound Authorization for Release of Information

Patient Name: _____ Date of Birth: _____

Charleston Orthopaedic Associates, PA is authorized to release protected health information about the above named patient to the entities named below.

Please answer the following questions:

May we leave appointment reminders, prescription information, and messages to call our office back on your answering machine or voice mail?

Yes No

May we share information with your Attorney?

Yes Attorney's Name: _____ No N/A

May we share information with your spouse, caretaker, of child(ren)?

Yes No

If Yes, please list their name(s): _____

May we share information with your employer?

Yes No

If yes, please list the contact person at your employer: _____

Rights of the patient: I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed in this document by sending a written notification to Charleston Orthopaedic Associates, PA. I understand that a revocation is not effective in cases where information has already been disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

Acknowledgement of Receipt of Notice of Privacy Practice: I _____, hereby acknowledge that I received a copy of the Charleston Orthopaedic Associates, PA Notice of Privacy Practices. Copies follow this form.

Patient or Patient representative Signature

Date



NOTICE OF DISCLOSURE

The physician of Charleston Orthopaedic Associates is involved in ongoing research to improve the science and practice of orthopaedic surgery. This allow us not only to advance the science of musculoskeletal medicine but also provide the best possible care and functional outcomes to our patients.

As a result of our research, some of our physicians have consulted on, or been involved with, the design and development of orthopaedic devices and/or surgical instruments. Our doctors may hold a patent on those devices, receive royalties from the sale of these implants, and/or have ownership interest in the companies that manufacture those products. In many cases, one of those products may be the best device or instrument for your surgery and your surgeon may elect to use it in treating your problem. Although the surgeon will not profit from the use of this device in your surgery, he may indirectly profit from other surgeons using these devices. Your surgeon would be happy to discuss this further with you and answer any questions you may have.

I have read and understand fully the above statements. My surgeon has appropriately answered my questions regarding these issues.

Patient Name (Print)

Date

Patient Signature

**ACKNOWLEDGEMENT OF
RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I, _____, hereby acknowledge that I received a copy of the Charleston Orthopaedic Associate's Notice of Privacy Practices.

Date

Signature of Patient or Patient's Representative

Description of Representative's Authority

CHARLESTON ORTHOPAEDIC ASSOCIATES, P.A.

NOTICE OF PRIVACY PRACTICES

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.

Effective Date April 14, 2003

It is the intent of this Notice of Privacy Practices (“Notice”) to inform individuals and patients of their privacy rights regarding uses and disclosures of their protected health information (“PHI”) as required or permitted under applicable law, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This Notice describes how protected health information may be used for treatment, payment, or other operations involved in obtaining treatment from and providing payment to Charleston Orthopaedic Associates (“Practice”) for services rendered by its physicians. Protected health information is information about a patient that may be used to identify them, such as name, address, or social security number.

Statements of Use and Disclosure:

- *Treatment.* The Practice will use PHI for the provision, coordination, and/or management of health care and related services. Those services could include, but are not limited to, the treatment of chronic and acute illnesses and the facilitation of specialized services.
 - **Example:** Your physician will routinely use information about you for the treatment of an illness. That information may be used to prescribe medications through a pharmacy, or forwarded to another physician for additional consultations or treatment necessary for your health. Your PHI may be used in ordering laboratory or other diagnostic tests.
- *Payment.* The Practice will use PHI where appropriate to facilitate payment for treatment or health care related services rendered by the Practice.
 - **Example:** When a Practice physician renders a service to you that is to be paid by a health plan, a claim for that service must be created. The claim will contain information about you to include the type of treatment provided by your physician with a diagnosis justifying the treatment. Depending on a diagnosis or treatment, the Practice may request additional information about you before a payment for service is issued. If a specific test, procedure, or hospital stay is recommended for your treatment, the Practice plan may request additional information about you. Any disclosures for payment process through a financial institution or consumer credit agency relating to the collection of past due balances will not include information about any diagnosis or condition you may have or any treatments you may have received.
- *Operations.* The Practice will use PHI as needed to maintain its operations.
 - **Example:** PHI may be used in the Practice for management purposes, quality control programs, and compliance training and/or auditing. PHI will be disclosed as required by law in order to avoid a serious or imminent threat to someone’s health or safety. Operations within the Practice that utilize PHI may be found on patient sign-in sheets, or when the nurse calls a patient’s name from the waiting area.

Other disclosures allowed by law:

- The Practice may utilize PHI in various activities that involve a third party or “Business Associate.” Under all circumstances a contract will be used with a third party or “Business Associate” requiring the same legal standards as those imposed on the Practice for protecting and securing a patient’s private PHI.
 - **Example:** The Practice may from time to time use a billing service which may involve the disclosure of PHI.
- We may use your PHI for treatment, payment, or health care operations in an emergency situation despite any inability from you to object or accept if the physician or the Practice believes there is an imminent threat to your health.
- The Practice may use your PHI to notify or inform a member of your family, a close friend, or someone of your choosing about any information concerning your health or condition. If you are unable to agree to or object to a disclosure necessary for your care, your physician will use his/her best judgment in determining the best person to disclose this information.
- We may disclose your PHI if your physician has reason to suspect you have been a victim of abuse, neglect, or domestic violence.
- Subject to certain requirements, we may also disclose PHI without your authorization for public health purposes, auditing purposes, research studies, funeral arrangements and organ donation, and workers’ compensation purposes.
- Additionally, we may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other disclosures required or permitted by law:

- The Practice may disclose PHI to such federal agencies as the FDA, law enforcement officials, for law enforcement purposes, or as ordered by a court of law, without your written consent or authorization.
 - **Example:** PHI may be disclosed if such information is considered relevant to a criminal investigation, or PHI may be given to the Centers for Disease Control for the sake of the public health to limit the spread of a communicable disease. These types of disclosures will only be made as permitted or required by law.

Other Laws:

- To the extent that state laws are more stringent than HIPAA regarding the use or disclosure of your PHI, that law is followed. Examples of specific disclosure rules in South Carolina include:
 - Physicians, hospitals, and other health facilities must provide the health department, upon request, access to their medical records, tumor registries, and other special disease record systems as necessary for its investigations. S.C. Code Ann. § 44-1-110.
 - In responding to a request for medical information from an insurer, a physician may rely on the carrier's representation that the patient has authorized release of the information. S.C. Code Ann. § 44-115-50.
 - A physician may sell medical records to another physician or osteopath, but must first publish notice of his intention and of the patient's right to retrieve his or her records before a sale. S.C. Code Ann. § 44-115-130.
 - Specific disclosure rules apply to genetic information, S.C. Code Ann. § 38-93-30; sexually transmitted diseases, S.C. Code Ann. §§ 44-29-70, 44-29-135 and 44-29-136; mental health, S.C. Code Ann. § 44-22-90; and cancer reports, S.C. Code Ann. § 44-35-40.

Patient Authorization:

- The Practice will not disclose a patient's PHI, other than disclosures previously mentioned, without a signed authorization.
- A signed authorization permits all disclosures separate from disclosures made for treatment, payment, or health care operations. A patient may revoke the authorization in writing at any time. The moment the authorization is revoked all future disclosures will stop; however, any disclosures already made in reliance of the signed authorization may not be undone.

Statement of Individual Rights:

- A patient may request restrictions on specific uses or disclosures of PHI. However, the Practice is not required to agree to a requested restriction.
- A patient has the right to request confidential communications of PHI such as sending mail to an address other than to your home. The Practice will attempt to honor all reasonable requests.
- A patient has the right to inspect and receive copies of their PHI. If you request copies, we will charge you \$0.25 for each page.
- A patient has a right to request the amendment of their PHI if it is believed that information in the record is incorrect or missing. However, the Practice has the right to refuse that request under certain circumstances.
- A patient has the right to request an accounting of disclosures of their PHI other than disclosures made for treatment, payment, and health care operations.
- Regardless of whether the Notice was originally sent as a paper copy or an electronic copy, a patient has the right to obtain a paper copy of this Notice from the Practice at any time upon request.

Our Legal Duty:

We are required by law to protect the privacy of your information, provide notice about our information practices, and follow the information practices that are described in this Notice.

The Practice reserves the right to change or revise its privacy practices at anytime. Notification of those changes will be provided in a new Notice and provided to all patients, with copies available to any person upon request.

If you have questions at any time regarding permitted uses or disclosures of your PHI, or if you have questions regarding the Notice of Privacy Practices, please contact Angie Ross, CPC the Practice's compliance officer, at (843) 769-2000.

Complaints:

If you feel that we have violated your privacy rights or if you disagree with a decision we made about access to your records, you may issue a complaint to the Practice's compliance officer Angie Ross, CPC without fear of retribution from physicians or staff of the Practice. As the patient or person who believes the Practice is not complying with a requirement of the Privacy Rule within HIPAA, you may also file a written complaint, either on paper or electronically, with the U.S. Department of Health and Human Services.