

Great Plains Orthopaedics and Affiliates

Great Plains Ambulatory Surgery Center
Great Plains Sports Medicine
Great Plains Maximum Performance Center

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this Notice,
Please contact our Privacy Officer, Christopher W. Shireman,
at 303 N. Kumpf BLVD., PEORIA, IL 61605
Phone: 309-676-5546 E-mail: cshireman@gportho.org

Effective Date of This Notice: April 14, 2003

Provision of Notice: Our practice provides its Notice of Privacy Practices to every patient with whom we have a direct treatment relationship. The following are specific methods of notice:

- A patient seen in our offices will be provided the Notice no later than the date of the first office treatment to the patient after April 13, 2003.
- A patient seen in a hospital setting will receive a copy of the Notice by mail as soon as practicable if the patient has not been seen in follow up in our office after initial treatment.
- A copy of the Notice is posted in a prominent location in our offices. You may request a copy of the most current notice during any visit to our practice.
- The Notice is available to any member of the public to enable prospective patients to evaluate our practice's privacy practices when making his or her decision regarding treatment choices.
- The Notice may be provided via e-mail to any individual who so requests the Notice.
- The Notice is available on our web site, www.greatplains.org.

Documentation of Provision of Notice: When a direct treatment patient receives the Notice from us, we ask the patient to sign our "Receipt of Notice of Privacy Practices" form. The form is filed with the patient's medical record. If the patient refuses to sign the form, it is noted in the medical record that the patient was given the Notice and refused to sign the form.

A. Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your protected health information. In conducting our business, we will create records regarding the treatment and services provided to you.

These records are our property. However, we are required by law to:

- Maintain the confidentiality of your protected health information.
- Provide you with this notice of our legal duties and privacy practices concerning your protected health information.
- Follow the terms of our notice of privacy practices.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your protected health information.
- Your privacy rights in your protected health information.
- Our obligations concerning the use and disclosure of your protected health information.

B. How We May Use and Disclose Your Protected Health Information "PHI"

The following categories describe the different ways in which we may use and disclose your "PHI". Please note that each particular use or disclosure is not listed below. However, the different ways we are permitted to use and disclose your "PHI" do fall within one of the categories. We reasonably ensure that the "PHI" we request, use, and disclose for any purpose is the minimum amount of "PHI" necessary for that purpose.

Treatment, Payment, and Health Care Operations: Our practice uses and discloses “PHI” for treatment, payment, and health care operations. Treatment includes those activities related to providing services to the patient, including releasing information to other health care providers involved in the patient's care. Payment relates to all activities associated with getting reimbursed for services provided, including submission of claims to insurance companies and any additional information requested by the insurance company so they can determine if they should pay the claim. Health care operations includes a number of areas, including quality assurance and peer review activities.

Business Associates: Our practice will share your “PHI” with third party “business associates” that perform various activities, e.g., billing, transcription services, for the practice. There will be a written contract with all business associates that contains terms that will protect the privacy of your “PHI”.

Others Involved in Your Healthcare: Our practice may release your “PHI” to a friend or family member who is involved in your medical care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Other Disclosures: We may also use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you for: Public Health Activities, for the purpose of preventing or controlling diseases; Abuse and Neglect, to a governmental authority if we reasonably believe you are a victim of abuse, neglect or domestic violence; Health Oversight Activities or Inspections, to a health oversight agency that oversees the health care system; Judicial, Administrative and Law Enforcement Purposes, for example, in response to a subpoena or a request by a law enforcement officer; and we may also disclose your medical information for Research Studies, Funeral Arrangements, Organ and Tissue Donations, Worker's Compensation Purposes, your Health and Safety, and when disclosure is Required by Law.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Marketing Purposes: Our practice does not use or disclose “PHI” for marketing purposes. Our practice does engage in communications about products and services that encourages recipients of the communication to purchase or use the product or service for treatment, to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual. These activities are not considered marketing.

In addition, our practice will contact the individual by phone with appointment reminders and mailed notices regarding missed appointments.

C. Your Rights Regarding Your Medical Information

You have the following rights regarding the medical information that we maintain about you:

Inspection and Copies: You have the right to inspect and obtain a copy of the “PHI” that may be used to make decisions about you, including patient medical records and billing records. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Under Federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

Requesting Restrictions of Disclosures: Our practice accepts all requests for restrictions of disclosures of “PHI”. Our practice does not agree to any restrictions in the use or disclosure of “PHI”. All requests for restrictions of disclosures must be submitted in writing. They must be sent to the attention of our practice's Privacy Officer. The Privacy Officer notifies the requestor in writing that our practice does not accept restrictions of disclosure.

Requesting Confidential Communications: Our practice accommodates all reasonable requests to keep communications confidential. The practice determines the reasonableness based on the administrative difficulty of complying with the request.

A request for confidential communications must be in writing and on our practice's Request for Confidential Communications form, must specify an alternative address or other method of contact, and must provide information about how payment will be handled. The request must be addressed to the practice's Privacy Officer. No reason for the request needs to be stated.

The practice accommodates all reasonable requests. The reasonableness of a request is determined solely on the basis of the administrative difficulty of complying with the request. The practice will reject a request due to administrative difficulty: if no independently verifiable method of communication such as a mailing address or published telephone number is provided for communications, including billing; or if the requestor has not provided information as to how payment will be handled.

The practice will not refuse a request if the requestor indicates that the communication will cause endangerment; or based on any perception of the merits of the requestor's request.

Amendment: You may request an amendment of "PHI" if you believe it is incorrect or incomplete, and you may request an amendment for as long as we maintain this information. To request an amendment, your request must be in writing and submitted to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

Accounting of Disclosures: All of our patients have the right to request an "accounting of disclosures" for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. This accounting is a list of certain disclosures our practice has made of your "PHI". In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer. All requests must state a time period which may not be longer than seven years and may not include dates before April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period.

Authorizations: Our practice obtains a written authorization from a patient or the patient's representative for the use or disclosure of "PHI" for other than treatment, payment, or health care operations; however, our practice will not get an authorization for the use or disclosure of "PHI" specifically allowed under the Privacy Rule in the absence of an authorization. Our practice will provide a patient upon request a copy of any authorization initiated by the practice (as opposed to requested by the patient) and signed by the patient.

Our practice does not condition treatment of a patient on the signing of an authorization, except disclosure necessary to determine payment of claim or provision of health care solely for purpose of creating "PHI" for disclosure to a third party (e.g., pre-employment or life insurance physicals, or independent medical evaluations).

In Illinois, a specific written authorization is required to disclose or release mental health treatment, alcoholism treatment, drug abuse treatment or HIV/Acquired Immune Deficiency Syndrome (AIDS) information.

Our practice allows an individual to revoke an authorization at any time. The revocation must be in writing and must be sent to the attention of the practice's Privacy Officer; however, in any case the practice will be able to use or disclose the protected health information to the extent practice has taken action in reliance on the authorization.

Right to File a Complaint: Our practice allows all patients and their agents to file complaints with the practice and with the Secretary of the Department of Health and Human Services. A patient or his or her agent may file a complaint with the practice whenever he or she believes that the practice has violated their rights.

Complaints to the practice must be in writing, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints must be addressed to the attention of the practice's Privacy Officer at the practice's address. The practice investigates each complaint and, at its discretion, may reply to the patient or the patient's agent.

Complaints to the Secretary of the Department of Health and Human Services must be in writing, must name the practice, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation. Complaints must be addressed to: Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Ill. 60601, Voice Phone (312) 886-2359, FAX (312)886-1807, and TDD (312)353-5693.

Our practice does not take any adverse action against any patient who files a complaint (either directly or through an agent) against the practice.

Waiver of Rights: Our practice never requires an individual to waive any of his or her individual rights as a condition for the provision of treatment, except under very limited circumstances allowed under law.

Changes to this Notice: The terms of this notice apply to all records containing your protected health information that are created or retained by us. We reserve the right to revise, change, or amend our Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of the information that we already have about you, as well as any of your protected health information that we may receive, create, or maintain in the future.

The revised Notice is posted in the practice's reception areas and made available to all patients, including those who have received a previous Notice. Upon receipt of a revised Notice, a patient is asked to acknowledge receipt of the Notice.