

**Northwest Ohio Orthopedics and Sports Medicine, Inc.**  
7595 CR 236  
Findlay, Ohio 45840  
419-427-1984



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**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.

**NWO Orthopedics & Sports Medicine, Inc.**, “Company”, is required to maintain the privacy of your health information and to provide you with this Notice about our privacy practices, legal duties and your rights concerning your protected health information (“PHI”). If you have questions about any part of this Notice or if you want more information about the privacy practices at Company please contact:

**NWO Orthopedics & Sports Medicine**  
**7595 CR 236 Findlay Ohio 45840**  
**Privacy Officer: Matt Boehm, Administrator 419-427-1984 x237**

Effective Date of This Notice: **April 14, 2003**

I. HOW COMPANY MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (“PHI”). Company collects protected health information (“PHI”) from you and stores it in one or more ways including, but not limited to, paper charts and files, electronic media, and computer storage. This is your medical record. The medical record is the property of Company, but the PHI in the medical record belongs to you. Company protects the privacy of your PHI. Company is legally permitted to use or disclose your PHI for the following purposes:

Treatment. Company may use and disclose your PHI to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose your PHI when you need a prescription, lab work, x-ray, or other health care service. In addition, we may use and disclose your PHI about you when referring you to another health care provider. For example, if you are referred to another physician, we may disclose your PHI to your new physician regarding whether you are allergic to any medications. We may also disclose your PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a physician to whom we are referring you to so that the other physician may treat you.

Payment. Company may use and disclose your PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or

services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose your PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose your PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose your PHI for billing, claims management, and collection activities. We may disclose your PHI to insurance companies providing you with additional coverage. We may disclose limited parts of your PHI to consumer reporting agencies relating to collection of payments owed to us.

Company may also disclose your PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company or health plan. For example, we may allow a health insurance company to review your PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Health Care Operations. Company may use your PHI in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing and credentialing activities.

Appointment Reminders, Test Results and Treatment Information. Company may contact you to provide appointment reminders, test results, answer questions, obtain additional billing information, or to give you information about other treatments or health-related services that may be of interest to you. This may include voice mail messages, postcards, letters, e-mail and other forms of communications. If you do not want your information used in this manner, be sure to identify this appropriately on the acknowledgement form.

Your Authorization. In addition to Company's use of your PHI for treatment, payment and health care operations, you may give us written authorization to use or disclose your PHI to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure of your PHI permitted while the authorization was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI except as set forth in this Notice.

Disclosures to you, your family and friends. Company will disclose your PHI to you as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your health care. Company may disclose your PHI to notify or assist in notifying a family member, friend, your personal representative or another person responsible for your care about your location, your general condition, or in the event of your death. We may also give information to someone who helps pay for your care. We may also disclose your medical information to a entity assisting in a disaster relive effort so your family can be notified about your condition, status, and location. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are

unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. If you do not want your information used in this manner, be sure to identify this appropriately on the acknowledgement form.

Required by law. Company may use and disclose your PHI information when required to do so by law.

Public health. Company may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Health oversight activities. Company may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law enforcement. Company may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate military authority.

Deceased person information. Company may disclose your health information to coroners, medical examiners and funeral directors.

Organ donation. Company may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Public safety. Company may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Worker's Compensation. Company may disclose your health information as necessary to comply with worker's compensation laws. We may disclose your health information to MCO's, employers, BWC, third party administrators, etc. in order to appropriately manage your care and/or to determine pending BWC cases.

Methods of Disclosure. Methods of transfer of PHI may be by facsimile (fax), phone, mail, e-mail and other electronic transmission, which I understand to be in a protected area, which limits access to authorized individuals only.

## II. WHEN COMPANY MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION.

Except as described in this Notice of Privacy Practices, Company will not use or disclose your health information without your written authorization. If you do authorize Company to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## III. YOUR HEALTH INFORMATION RIGHTS.

1. You have the right to request restrictions on certain uses and disclosures of your health information. Company is not required to agree to the restriction that you requested. To request restrictions, you must submit in writing to the indicated address below (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
2. You have the right to receive your health information through reasonable alternative means or at an alternative location. You may request for reasonable accommodations in writing at the address provided below.
3. You have the right to inspect and copy your health information. Company may impose a charge for copying expenses, which is set by Ohio Law. You may submit a request in writing at the address indicated below to inspect or copy your health information.
4. You have a right to request that Company amend your health information that is incorrect or incomplete. Company is not required to change your health information. You may request the amendments in writing with reasons to support your request.
5. You have a right to receive an accounting of disclosures of your health information made by Company, except that Company does not have to account for the disclosures for treatment, payment, health care operations, information provided to you, and certain government functions described above. You may request an accounting of disclosures in writing at the address provided below.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

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IV. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES. Company reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Company is required by law to comply with this Notice.

V. COMPLAINTS. Complaints about this Notice of Privacy Practices or how Company handles your health information should be directed to:

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**7595 CR 236 Findlay Ohio 45840**  
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If you are not satisfied with Company's response, you may file a complaint with:

Region V, Office for Civil Rights	Ph: 312-886-2359
U.S. Department of Health and Human Services	Fax: 312-886-1807
233 N. Michigan Ave., Suite 240	TDD: 312-353-5693
Chicago, Ill. 60601	

Alternatively, you may email a complaint to: [OCRComplain@hhs.gov](mailto:OCRComplain@hhs.gov)

For further information, contact:	
Office for Civil Rights	Ph: 202-205-8725
Department of Health and Human Services	
Mail Stop Room 506F	
Hubert H. Humphrey Building	
200 Independence Avenue, SW	
Washington, DC 20201	

**COMPANY WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT**