

## PATIENT BILL OF RIGHTS

As an individual receiving services from Ortho Las Vegas ("Provider"), you have the following rights:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charged for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Have one's property and person treated with respect, consideration and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment of care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint,
- Voice grievances/complaints regarding treatment of care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- Be advised on the Provider's policies and procedures regarding disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

## PATIENT PRIVACY — Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective October 1, 2022

### OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. This Notice of Privacy Practices (this "Notice") describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law.

This Notice also describes your rights with respect to your protected health information. "Protected health information" or "PHI" is information about you, including basic 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.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We are required to abide by the terms of our Notice currently in effect. We reserve the right to change to our privacy and security policies and procedures and this Notice, and to make the new Notice effective for all protected health information we maintain.

We will post each revised Notice in our office(s), make copies of the revised Notice available upon request and post the revised Notice on our website.

We will not use or share your information other than as described in the Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### OUR USES AND DISCLOSURES

In general, we may not use or disclose your PHI without your written authorization. However, in certain circumstances, we are permitted to use your PHI without your written authorization. The following categories describe some of the ways that we may use and disclose your PHI without your written authorization.

**We may use and disclose your PHI for treatment.** We may use or disclose your PHI to provide and coordinate your health care and related services. This may include communications with other health care professionals regarding your health care, including your referral to another health care provider.

Example: Your PHI will be recorded in your record and used to determine to diagnose and treat sports medicine or orthopedic injuries or conditions. We may also disclose PHI to doctors, nurses or other personnel outside our office who need the information to provide you with medical care.

**We may use and disclose your PHI for health care operations.** We may use or disclose your PHI in connection with certain administrative, financial, legal and quality improvement activities that are necessary for us to run our business and to support our operations.

Example: We may use or disclose your PHI for quality assessment and improvement activities, such as making sure that patients receive quality products and services.

**We may use and disclose your PHI for payment purposes.** We may use or disclose your PHI to obtain payment or be reimbursed for the health care and related services we provide to you.

Example: We may disclose your PHI to health plans to determine coverage eligibility.

**We may use or disclose your PHI as otherwise allowed by law.** The following categories describe some different ways that we may use and disclose your PHI other than for treatment, payment or health care operations without your prior written authorization:

**Help with public health and safety issues.** We can share health information about you for certain situations such as:

- Preventing Disease
- Helping with product recalls
- Monitoring the performance of a product after of a product after it has been approved for use by the general public
- Reporting adverse events
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do Research.** We can use or share information for health research.

**Comply with the Law.** We may use and disclose your health information when required to do so by federal, state or local law.

**Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers compensation claims or requests.** We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Disclosures to governmental agencies.** Consistent with applicable law, we may disclose your health information for judicial, administrative or law enforcement purposes, or for intelligence and national security activities. We may additionally disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs and compliance with applicable laws.

**Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Appointment Reminders/Treatment Alternatives/Health Benefits.** We may use or disclose your PHI to provide you with appointment reminders (such as sending postcards or leaving a voicemail message, etc.) and to provide you information regarding treatment alternatives or other health-related benefits and services that may be of interest to you.

**Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if PHI is necessary for those functions or services.

**Uses and Disclosures that require us to give you an opportunity to object.** In certain circumstances we may not use or disclose your PHI without first providing you with an opportunity to agree or object. For example, we may disclose PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

**All other uses and disclosures of your PHI require your written authorizations.** The following uses and disclosures of your PHI will be made only with your written authorization:

- Uses and disclosures of PHI not otherwise covered by this Notice or by applicable law.
- Uses and disclosures of PHI for marketing purposes
- Uses and disclosures of PHI that constitute a sale of your PHI
- Most uses and disclosures of psychotherapy notes

You may revoke such authorization in writing at any time; however, your revocation will not apply to any uses and disclosures that were being processed before we received your revocation.

#### **YOUR RIGHTS WITH RESPECT TO YOUR PHI**

**Restrictions.** You have the right to request a restriction on certain uses and disclosures of your PHI for treatment, payment, or health care operations. You also have the right to request restrictions on certain disclosures to individuals involved in your care. However, we are not required to agree to your requested restriction. We are required to agree to your request only if (1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or healthcare operations (and not treatment purposes), and (2) your information pertains solely to health care items and services for which you or someone on your behalf have paid in full. If we do agree to your restriction, we will only use and disclose your PHI in accordance with such restriction, unless otherwise permitted or required by law. You may request a restriction by submitting your request in writing to the Practice.

**Confidential Communications.** You have the right to request that communications about your PHI be delivered by an alternative means or at alternative locations. For example, you may request that we contact you at your workplace about appointments. You must make such requests in writing and must specify how or where we are to contact you. We will accommodate reasonable requests.

**Access.** You have the right to inspect and obtain a copy of your PHI contained in clinical, billing and certain other records used to make decisions about you, except in certain limited situations. Your request must be in writing, and we may charge you a reasonable, cost-based fee for labor and supplies needed to fulfill your request. Instead of copies we may provide you with a summary of your PHI, if you agree to the form and cost of such summary. We may, in some cases, deny your request and will notify you in writing of the reasons for our denial and provide you with information regarding your rights to have our denial of your request reviewed. You may request to see and receive a copy of PHI by writing to us.

**Amendments.** You have the right to request an amendment to your PHI contained in clinical, billing and certain other records used to make decisions about you, except in certain limited situations. Your request must be in writing and provide a reason to support the requested amendment. We may, in some cases, deny your request for amendment and will notify you in writing of the reasons for our denial, provide you with information regarding your rights to submit a written statement disagreeing with such denial and provide information on how to file such statement. You may request an amendment of your PHI by writing to us.

**Accounting.** You have the right to receive a listing of disclosures of your PHI made for purposes other than treatment, payment, health care operations, upon your request, your authorization, to individuals involved in your care or as allowed by law. You may request all such disclosures made during the last 6 years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee to comply with your additional request. You may request a listing of disclosures by submitting your request in writing to us.

**Notice of Security Breach.** We are required to notify you if we discover a breach of your Unsecured PHI unless we are able to demonstrate that there is a low probability that the PHI has been compromised based on a risk assessment.

**Electronic Notice.** If you received this Notice by email or via our website, you have the right to receive a copy of this Notice in hard copy form upon your request. You may request a written copy of this Notice by contacting our business office.

#### **QUESTIONS AND COMPLAINTS**

If you have any questions, feel that your privacy rights have been violated by us, or want to exercise any of your rights described in this Notice, you may contact our Privacy Officer in writing at 9159 W Flamingo Road, Las Vegas, NV 89147 via telephone at 702-485-5885 or via email to [billing@ortholasvegas.com](mailto:billing@ortholasvegas.com). Due to federal and state privacy laws, we may not respond in detail to comments or complaints regarding us that are posted on a medical review website, social media outlet, or blog without your written authorization. If you have a negative experience or wish to express a complaint to us, we ask that you contact us directly to discuss and resolve the matter.

You may also submit a written complaint regarding our privacy practices to the U.S. Department of Health and Human Services Office for Civil Rights ("OCR"). We will not retaliate in any way against you if you choose to file a complaint with us or the OCR.