



## **NOTICE OF PRIVACY PRACTICES**

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

### **UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION**

Each time you visit COSMS, PA – Cary Orthopaedic, Garner Orthopaedic, Spine Specialists, and/or Performance Physical Therapy - the results of your visit are entered on your medical record. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This Notice describes your rights to access and control your protected health information. “Protected health information” is information about you, including 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. The protected health information contained in your medical record serves as a:

- Basis for planning your care and treatment
- Means of communication among the health care professionals who contribute to your care
- Legal document describing the care you have received
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of the nation
- A tool with which we may assess and improve health care outcomes

### **Understanding what is contained in your medical record and how your protected health information is used will help you to:**

- Better understand who, when, where, and why others may access your protected health information and what information they may access
- Make informed decisions when authorizing disclosures to others
- Ensure its accuracy

### **YOUR HEALTH INFORMATION RIGHTS**

Although your medical record, including x-rays, is the physical property of COSMS, you have the right to:

- Request restrictions on certain uses and disclosures of your protected health information. You also have a right to request a limit on the health information we disclose about you to someone who is involved in your care, such as a family member, friend, coach or athletic trainer. All such requests must be submitted in writing to our Privacy Official. If we agree with your request, we are required to comply except in certain cases, including where the information is needed to provide you with emergency treatment. If we are unable to agree to or comply with a requested restriction, we will notify you.
- Request a paper copy of this Notice at any time.
- Request the opportunity to inspect and/or obtain a copy of your medical record, except psychotherapy notes, information gathered or prepared for a civil, criminal, or administrative proceeding, and protected health information that is subject to laws prohibiting access to such information. We may deny your request to inspect and obtain copies in certain limited circumstances. To inspect and/or obtain a copy of your medical record, please contact our Privacy Official.
- Request that we amend your protected health information for as long as such information is kept by COSMS. All such requests, and the reasons supporting such requests, must be submitted in writing to our Privacy Official. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request. We will notify you if we are unable to accommodate your request.
- Obtain an account of all disclosures of your protected health information, excluding disclosures made pursuant to an authorization and certain incidental disclosures that may occur in connection with your treatment, such as waiting room sign-in sheets.
- Request how we communicate your protected health information. For example, you may request that we forward materials to an alternative address. All requests must be made in writing and forwarded to our Privacy Official. We will accommodate all reasonable requests.

### **OUR RESPONSIBILITIES**

**COSMS is required by law to:**

- Maintain the privacy of your protected health information
- Provide you with this Notice about our legal duties and privacy practices with respect to the health information we collect and maintain about you
- Abide by the terms of our Notice of Privacy Practices currently in effect

### **USES AND DISCLOSURES OF HEALTH INFORMATION ABOUT YOU**

**We may use and disclose your protected health information for:**

#### **1. Treatment**

We may use and disclose your protected health information to provide, coordinate and manage your health care treatment and related services. We may disclose your protected health information to physicians, physician assistants/nurse practitioners, nurses, physical therapists and others involved in your health care, and consult with other health care providers regarding your treatment. We may also use and disclose your protected health information when referring you to another health care provider so that they may render appropriate treatment.

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#### **2. COSMS operations**

We may use and disclose your protected health information to assess the care and outcomes in your case and others like it; to review and evaluate the skills, qualifications, and performance of health care providers; to provide training for the staff of COSMS; to cooperate with outside organizations that evaluate, certify or license health care provider or staff; and to assist with legal compliance activities.

**3. To conduct business with our business associates.**

Certain services are provided by COSMS through arrangements with business associates. Examples include, but not limited to, certain laboratory and diagnostic tests, and vendors of braces, CPM, stimulators, etc. We may use and disclose your protected health information to these business associates so they may perform the job we have contracted with them to do. However, we require our business associates to appropriately safeguard such information.

**4. Notification of individuals involved in your care.**

We may disclose your protected health information to a family member, friend, coach or athletic trainer or any other individual who is involved in your health care, unless there is a specific written request from you to the contrary. In the absence of any such written restriction, we will exercise reasonable judgment in determining whether the use or disclosure of your protected health information is in your best interest. For example, we may find it in your best interest to give your prescription to the friend or relative who brings you to COSMS for treatment.

**5. Communication with you.**

We may send you appointment reminders and/or call you/leave a message for you about an upcoming appointment or a missed appointment, using the phone number(s)- you have provided to us. We may call you, leave a message for you, or send you requests regarding demographic information, insurance issues and payment.

**6. Workers' compensation.**

We may disclose your protected health information to the extent authorized by workers' compensation laws or other similar programs established by law.

**7. Notification of public health authorities.**

We may disclose your protected health information to public health or other governmental authorities who are permitted by law to collect or receive such information for purposes of preventing, monitoring or controlling disease, injury, disability, medications, and other health related activities. For example, disclosure may be made to the Centers for Disease Control, Food & Drug Administration, Department of Health and Human Services, and other health oversight agencies authorized to conduct audits, investigations, inspections, licensure and disciplinary activities to monitor the health care system, governmental health care programs and compliance with certain laws.

**8. Notifications for law enforcement.**

We may disclose your protected health information for law enforcement purposes in circumstances where we believe the disclosure is pursuant to legal processes or otherwise required by law or appropriate in the circumstances; necessary to report a crime or suspected crime; necessary to identify, locate or apprehend a suspect, fugitive, victim, or material witness of a crime, or a missing person; necessary to prevent a serious and imminent threat to the health or safety of a person or to the public; or in response to a medical emergency where it is believed that a crime has occurred.

**9. Legal proceedings.**

We may use or disclose your protected health information when required by a court or administrative tribunal order or in response to a subpoena, discovery request or other lawful process.

**10. Required by law.**

We may use or disclose your protected health information to the extent that use or disclosure is required by law.

**Changes to this Notice**

We reserve the right to change this Notice and to make the new provisions effective for all protected health information we maintain. If and when this Notice is changed, we will make a reasonable attempt to inform you.

**Other Uses of Health Information**

Except as described in this Notice, we will not use or disclose your protected health information without your written authorization. You may revoke your authorization in writing at any time, but such revocation shall not effect any action already taken based on your previous authorization. We do not directly use or disclose your protected health information for research purposes, although public health authorities may do so.

**To Get More Information**

If you have questions and/or would like additional information you may contact our Privacy Official.

**To Report a Problem**

If you believe your privacy rights have been violated you may file a written complaint with our Privacy Official or the general manager. We will not penalize you for filing a complaint.

**Our Privacy Official**

Our Privacy Official is Sue Mroz, who may be contacted at (919) 467-4992 or [operations@caryortho.com](mailto:operations@caryortho.com)

**Effective Date of this Notice: March 1, 2010**