



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 THIS NOTICE CAREFULLY.

INTRODUCTION

This Notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this Notice, we call all of the protected health information "Medical Information". This Notice also will tell you about your rights and our duties with respect to Medical Information about you. In addition, this Notice will tell you how to complain to us if you believe we have violated your privacy rights. When used in this Notice, the words "we," "us," and "ours" means YOA and those entities under common control with YOA, including The Orthopaedic Surgery Center, LLC ("TOSC"), and all the people and places that follow this Notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We use and disclose medical information about you for a number of different purposes as noted below:

- **Treatment:** We may use medical information about you to provide, coordinate or manage your healthcare and related services by both us and other healthcare providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities that become involved in your care or have provided to care to you that we use to treat you. This includes health information that we receive from other doctors and medical facilities that are not part of Youngstown Orthopaedic Associates, Ltd. ("YOA"), but that YOA keeps to provide care to you. For example, when you receive care at a hospital, medical office or other provider of health care, we may share Medical Information with that hospital, office or other provider so that they may provide care to you. We also may share your Medical Information with others who may provide follow-up care to you, such as your primary care physician, physical therapist (including non-affiliated YOA PT care facilities, long term care facilities and home healthcare agencies. At all times, we will comply with any laws that apply in sharing this Medical Information.
- **Payment:** We may use and disclose Medical Information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company or a third-party payer who is paying for your care. We also may share your Medical Information with other health care service or product providers who need to pre-approve or provide follow-up care to you, such as your physicians, other providers, EMS providers, nursing homes and home care agencies so they can bill you, your insurance company or a third party. For example, some health plans require your health information to pre-approve you for surgery or to have an MRI and require preapproval before they pay us.
- **Healthcare Operations:** We may use and disclose Medical Information about you for our own healthcare operations and that of TOSC. These are necessary for us to operate YOA and TOSC efficiently and to maintain quality healthcare for our patients. We may use and share your Medical Information for business and other operational purposes. For example, we may use your Medical Information to evaluate the quality of the treatment that we provided. We may share your Medical Information with our physicians and staff, so they can develop plans to conduct research that may improve your care or health care in the future. We may share Medical Information with medical students rotating through YOA or participating in surgical procedures at TOSC, trainees and staff for review and training purposes. We may share your Medical Information for case management and care coordination purposes. However, we will not sell your name or any identifiable health information to others without your authorization.

- **Business Associates.** We may share your Medical Information with others called “business associates,” who perform services on our behalf. The Business Associate must agree in writing to protect the confidentiality of your Medical Information. For example, we may share your Medical Information with a billing company that bills for the services that we provided.
- **Appointment Reminders.** We may use and share your Medical Information to remind you of your appointment for treatment or medical care. For example, we may call, text or e-mail you to remind you of a scheduled appointment. We also may use and share your Medical Information to confirm the time, place and attendance of your appointment for treatment with third-party transportation services and any other related services (including but not limited to third parties involved in your treatment).
- **Treatment Options and Other Health-Related Benefits and Services.** We may use and share your Medical Information to tell you about possible treatment options and other health-related benefits and services. For example, if you suffer from a chronic illness or condition, we may use your Medical Information to assess your eligibility and propose newly available treatments.
- **Individuals Involved in Your Case.** We may disclose to a family member, other relative, a close personal friend, or any other person identified by you that is directly relevant to that person’s involvement with your care or payment related to your care. If there is a family member, other relative, or close personal friend that you DO NOT want us to disclose Medical Information, please notify, in writing, **Privacy Officer, 6470 Tippecanoe Rd, Canfield, OH 44406.**
- **Marketing Activities, Cookies, and Online Services.**
 - a. We may use or share your Medical Information to promote our own products and services. We also may use or share your Medical Information for marketing purposes when we discuss products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service. For example, you may receive samples of products or drugs during a visit to a hospital or facility.
 - b. When you visit and use our websites (including online patient portals or online care sites) or mobile device applications, we may collect and share information about your use of these websites and applications through cookies and other similar technologies. This information can include technical information about your device or browser (such as, for example, your internet protocol (IP) address, operating system, device information, browser type and language, and referring URLs) as well as information about your activities or use of the websites and mobile device applications (such as, for example, access times, pages viewed, links clicked and similar information).
 - c. YOA, TOSC and you may agree to use a third-party website, application or electronic messaging service (for example, with chat, video or audio capabilities) for you to receive remote health care services from us. These third-party services may have separate terms and conditions and privacy policies that you must agree to instead of or in addition to our website and email terms of use. However, when you use the third-party service, the Medical Information that you choose to share may be covered by this Notice.
- **Special Situations.** In the following situations, the law either permits or requires us to use or share your Medical Information with others. However, laws governing sensitive information (including behavioral Medical Information, drug and alcohol treatment information and HIV status) may limit these disclosures.
 - a. **As Required by Law.** We may share your Medical Information when required or permitted by Federal, state, or local law. For example, if we believe that you have been a victim of abuse, neglect or domestic violence, we may share your Medical Information with an authorized government agency. If we share your Medical Information for this purpose, we will tell you unless we believe that telling you would put you or someone else at risk of harm or if we are prohibited by law to tell you.
 - b. **To Prevent a Serious Threat to Health or Safety.** We may use and share your Medical Information with persons to prevent or lessen the threat of serious harm to the health and safety of you, the public or

another person. State laws may require such disclosure when an individual or group has been specifically identified as the target or potential victim.

- c. **Organ and Tissue Donation.** We may share health information about you with organ procurement organizations.
 - d. **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:
 - (i) For workers' compensation claims;
 - (ii) For law enforcement purposes or with a law enforcement official;
 - (iii) With health oversight agencies for activities authorized by law; or
 - (iv) For special government functions such as military, national security and presidential protective services.
 - e. **Public Health.** As permitted or required by law, including the National Emergencies Act, we may share your Medical Information with public health authorities for public health purposes to prevent or control disease, injury or disability, help with product recalls, report adverse reactions to medications. This includes, but is not limited to, reporting disease, injury and important events such as birth or death, and conducting public health monitoring, investigations or activities.
 - f. **Compliance with Law.** We may share your Medical Information with a health oversight agency for compliance purposes including (i) monitoring the health care system; (ii) determining benefit eligibility for Medicare, Medicaid and other government benefit programs; and (iii) monitoring compliance with Federal and state regulations and laws.
 - g. **Coroners, Medical Examiners, and Funeral Directors.** We may share your Medical Information with a coroner or medical examiner in order to identify a deceased person, determine the cause of death or for other reasons allowed by law. We also may share your Medical Information with funeral directors, as necessary, so they can carry out their duties.
- **HOW WE WILL CONTACT YOU:** Unless we tell you otherwise in writing or you and we otherwise agree, we may contact you by either telephone or by mail, at either your home or your workplace, or we may contact you electronically by email or through a web portal that we use.

YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION

You have the following rights with respect to Medical Information that we maintain about you:

- **Right to Ask to See and Request a Copy.** You have the right to ask to see and request a copy of the Medical Information maintained in your "designated records set" (as defined by HIPAA) – that includes medical and billing records about you and other records we use to make decisions about your care. This includes your right to request electronic access to your medical records or request to receive a copy of your electronic medical records in electronic form. You also may request that your Medical Information be provided to a designated third party. You may have to pay fees as permitted by law for other requests to inspect, electronically access or receive a copy of your information, including where you designated a third-party recipient. If we believe providing you Medical Information may cause harm, we may tell you that you cannot see or have a copy of some or all your Medical Information, such as psychotherapy notes. You may contact our Privacy Officer identified above to request review of this decision.
- **Right to Ask for a Correction.** If you feel that Medical Information we have about you is incorrect or incomplete, you may ask us to correct the information. You must put your request in writing and give it to your doctor or the place where you received care. If you do not ask in writing or give your reasons in writing, we may tell you that we will not make the change. We also have the right to refuse your request if (i) we determine that the information is correct and complete; (ii) the information is not part of the Medical Information created or kept by or for YOA or TOSC; (iii) the person or place who created the information is no longer available to make the correction and we believe the information to be correct; or (iv) the information is not part of the Medical Information that you are permitted by law to see and/or copy.

- **Right to Ask for an “Accounting of Disclosures.”** You have the right to ask us for an “accounting of disclosures.” This is a list of those people and organizations who have received or have accessed your Medical Information. This right does not include Medical Information made available for treatment, payment or health care operations, or made available when you have provided us with permission to do so. You must put your request in writing and give it to your doctor or the place where you received care. You can call your doctor’s office or the place where you received care to find out how to ask for the list. You must include in your written request how far back in time you want us to go, which may not be longer than six (6) years.
- **Right to Ask us to Limit the Information We Share.** Generally, you have the right to ask us to limit the Medical Information we use or share with others about you for treatment, payment or health care operations. You also have the right to ask us to limit Medical Information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call your doctor’s office or the place where you received your care to get instructions on how to submit such a request. In your request, you must tell us (i) what Medical Information you want to limit; (ii) whether you want to limit our use, disclosure or both; and (iii) the person or institution the limits apply to (for example, your spouse). For example, you could ask that we not use or share information about a surgery you had. You must put your request in writing and give it to your doctor or the place where you received your care. We are not required to agree to your request. If we do agree to your request, we still may provide Medical Information, as necessary, to give you emergency treatment.

Where you have paid for your services out of pocket in full, at your request, we will not share Medical Information about those services with a health plan for purposes of payment or health care operations. “Health plan” means an organization that pays for your medical care.

- **Right to Ask for Confidential Communications.** You have the right to ask that we contact you about Medical Information in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request in writing to your doctor or the place where you received care. You do not need to provide a reason for your request. We will try to comply with all reasonable requests.
- **Right to Ask for a Paper Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. A copy of our current Notice of privacy practices will be posted at the registration desks and online on YOA’s and TOSC’s websites. Even if you have agreed to receive this Notice electronically (for example, through the computer), you still have the right to a paper copy of this Notice.

OUR DUTIES

Generally, we are required by applicable Federal and state law to maintain the privacy of Medical Information about you and to provide individuals with Notice of our legal duties and privacy practices with respect to medical information.

- **OUR RIGHT TO CHANGE NOTICE OF PRIVACY PRACTICES:** We reserve (have) the right to change this Notice. We reserve (have) the right to make the revised or changed Notice effective for Medical Information we already have about you and for any future Medical Information. We will post a copy of the revised Notice at our registration desks and on our website. The effective date of this Notice is set forth on the last page, below.

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- **COMPLAINTS:** If you believe your privacy has been violated by us, you may file a confidential complaint directly with us by telephone or in writing as follows:

Privacy Officer
Youngstown Orthopaedic Associates, LTD.
6470 Tippecanoe Rd
Canfield, Ohio 44406
Business Phone: 330-758-0577

To file a complaint with the Secretary of Health and Human Services, you must (i) name the place or person that you believe violated your privacy rights and describe how that place or person violated your privacy rights; and (ii) file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

U.S. Department of Health and Human Services 200 Independence Ave. S.W. Washington, DC 20201 or you may file online at www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be penalized or retaliated against for filing a complaint.

If a breach of your health information occurs at YOA, TOSC or one of its Business Associates, you will be provided with written notification as required by the Health Insurance Portability and Accountability Act (HIPAA) and its regulations.