

Mapleton Hill Orthopaedics

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.

This notice is effective as of March 10, 2003

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Mapleton Hill Orthopaedics uses and discloses your protected health information for treatment, payment and health care operations. Some examples of when our office may use or disclose your health care information for these purposes include:

- Sharing test results with other health care providers for confirmation of a diagnosis;
- Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for the health care services we provide;
- Reviewing information as part of our quality improvement program.

OTHER USES AND DISCLOSURES

Mapleton Hill Orthopaedics may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- Providing you with information related to your health.
- Contacting you regarding appointments, information about treatment alternatives, or other health related services;
- Incidental uses or discloses (e.g. listing your name on a sign-in sheet, etc.)
- Providing certain specified information to law enforcement or correctional institutions;
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization;
- Public health activities when requested by a public health authority or the FDA.
- Responding to health oversight agencies;
- Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful purposes;
- Research activities;
- When necessary to avert a serious threat to health or safety;
- Military affairs, veterans affairs, national security, intelligence, Department of State, or presidential protective service activities;
- Providing information regarding your location, general condition or death to public or private disaster relief agencies; or
- Informing a family member, other relative, or close personal friend when:
 - Information is relevant to the individual's involvement with your care;
 - Notification of your location, general condition or death;
 - To assist in your health care (e.g. pick-up prescriptions or other documents, note follow-up care instructions, etc.)

AUTHORIZATIONS FOR OTHER USES

Mapleton Hill Orthopaedics will make other uses and disclosures of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

Mapleton Hill Orthopaedics may make phone calls to your home and/or work numbers in order to relay information regarding scheduling of surgery, scheduling of diagnostic exams, reminders for upcoming appointments, results of labs, results of diagnostic exams, etc. We might also mail you lab results, surgery information, etc. By initialing below in the acknowledgement section you are authorizing us to

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leave detailed messages on your voice mail system or answering machine or with persons answering the phone at your residence and to mail you information regarding your care with Mapleton Hill Orthopaedics. IF YOU DO NOT WANT US TO LEAVE DETAILED MESSAGES, OR SEND YOU ANYTHING IN THE MAIL, PLEASE ACKNOWLEDGE BELOW.

YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- Request restrictions on certain uses and disclosures. However, Mapleton Hill Orthopaedics is not obligated to agree to requested restrictions.
- Receive confidential communications of protected health information.
- Inspect and copy your protected health information with some limited exceptions;
- Request to amend your health information;
- Receive an accounting of disclosures of your health information;
- Obtain a copy of this notice.

MAPLETON HILL ORTHOPAEDICS' DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, Mapleton Hill Orthopaedics has certain duties related to your protected health information, including:

- Mapleton Hill Orthopaedics is required by law to maintain the privacy of protected health information and provide individuals with notice of our legal duties and privacy practices with respect to protected health information.
- Mapleton Hill Orthopaedics is required to abide by the terms of the privacy notice that is currently in effect.
- Mapleton Hill Orthopaedics reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Revised notice will be posted in our office and available upon request.

CONCERNS

If you believe your privacy rights have been violated, you may make a complaint by contacting Donna Costner, MHO Privacy Officer and Office Manager at 2525 4th Street, Suite 201, Boulder, CO 80304, 303-440-7941 or the Secretary of the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of this notice (if requested) regarding the use and disclosure of my health information. This notice is posted in the office of Mapleton Hill Orthopaedics.

I understand that Mapleton Hill Orthopaedics may make phone calls and leave messages as described above, or mail results to my home and I am acknowledging this below by marking whether or not I agree to this occurring.

_____ Yes, I agree to receive detailed messages, or receive mail regarding my treatment with Mapleton Hill Orthopaedics. (PLEASE INITIAL)

_____ NO, I do not agree to receive detailed messages, or receive mail regarding my treatment with Mapleton Hill Orthopaedics. (PLEASE INITIAL)

Signature

Date

Printed Name: _____