

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

If you have any questions about this Notice, please contact

Orthopaedic Associates of New Orleans

Ben McKown, Privacy Officer

3434 Prytania St, Suite 450, New Orleans, LA, 70115

(504)-207-2306

WHO WILL FOLLOW THIS NOTICE and RULES

- All Orthopaedic Associates of New Orleans (hereafter, **OANO**) employees.
- Any persons associated with OANO who are referenced in this Notice.

WHAT IS THIS NOTICE

This is the OANO Notice of Privacy Practices ("Notice" or NPP). The NPP describes how we use and disclose your health information, your rights and our obligations regarding the use and disclosure of health information.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit our office, we record your visit. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and/or a plan for future care or treatment. This information is referred to as your medical record or chart. The medical records serves as a:

- Basis for planning your care, and recording current or past treatments;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services were properly billed;

Understanding your medical record, how your information is used and disclosed helps you to:

- Ensure its accuracy;
- Better understand who, what, when, where, and why others may access your Health Information; and
- Make more informed decisions when authorizing uses and disclosures.

OUR PLEDGE REGARDING HEALTH INFORMATION

We consider your Health Information private and confidential and have policies and procedures in place to protect the Health Information against unlawful use and disclosure.

YOUR RIGHTS

- **Right to Inspect and Copy:** You have the right to inspect and have a copy of your Health Information. Usually, this includes medical and billing records, but does not include psychotherapy notes. Request must be in writing and sent to the address at top of this page. By state law, the copying costs are: \$1.00 per page, 1 to 25 pages, \$0.50 per page, 26 to 500 pages plus \$7.50 per request for handling, and, postage is determined at actual cost, Payment must be made in advance.
- **Denied Request:** We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to Health Information, you may request in writing that the denial be reviewed. Please submit your written request to the Privacy Officer, who will forward the matter to another licensed health care professional chosen by OANO to review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.
- **Right to Amend:** If you feel that Health Information we have about you is incorrect or incomplete, you may request in writing that it be amended. The physician will consider your request. The final decision is the physician's.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the Health Information, we are not required to agree to your request.
- **Changes To This Notice:** From time to time, we may need to change this notice. We will keep a record of changes for your information.
- **COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with OANO or with the Secretary of the Department of Health and Human Services. To file a complaint with OANO, contact the Privacy Officer at the above address. All complaints must be submitted in writing, please include a current return address and daytime phone number. You will not be penalized for filing a complaint.

HOW and WHY WE MIGHT DISCLOSE HEALTH INFORMATION ABOUT YOU

- **Treatment:** We may use your Health Information to provide you with medical treatment or services. We may disclose this information you to doctors, nurses, technicians, medical students, or other OANO personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes; or, a dietitian can arrange for appropriate meals. OANO personnel may disclose your Health Information to people outside OANO who may be involved in your medical care after you leave our office. Examples of these people include: family members, clergy, others doctors, medical personnel or authorized hospital personnel.
- **Payment:** We may use and disclose Health Information about your treatment and services to bill and collect from appropriate payers. Example, health insurers, precertification companies, adjusters, attorneys, other physicians, and other entities who are responsible for paying your bill.
- **Appointment Reminders:** We may also use and disclose Health Information to contact you as a reminder that you have an appointment for treatment or medical care at OANO.
- **Health-Related Benefits and Services:** We may use and disclose Health Information to tell you about health-related benefits or services that may be of interest to you or the entities participating in a healthcare provider network or health plan network. We may also use or disclose Health Information to you to describe if, and to what extent, a product or service is provided by OANO or included in a plan of benefits.
- **Medical Equipment or Supply Companies:** Some services provided at OANO go other companies. Examples laboratory tests, prosthesis, wheelchair suppliers, durable medical equipment suppliers or patient aid services.
- **Research:** From time to time, in order to improve medical services, we may use information about your treatment or condition for research. Example, a research project may involve comparing the health and recovery of all patients who received a particular operation. Generally, your information is merged with other patients; we will not identify you. If, for any reason, we are compelled to identify you, it will not be done without your permission.
- **Required By Law:** We will disclose Health Information about you when required to do so by federal, state or local law.
- **Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Workers' Compensation:** The workers' compensation program provides benefits for work-related injuries or illness. We may release Health Information about your work-related injury or occupational sickness to your employer, or as otherwise required by state law.
- **SPECIAL SITUATIONS:** If you have any questions concerning these situations contact the Privacy Officer. Special Situations include: Organ and Tissue Donation, Military Personnel, Public Health Risks, Food and Drug Administration, Law Enforcement Coroners, Medical Examiners and Funeral Directors,

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Name:
 DOB: - - - -
 Chart:
 Age:
 Date:



HIPAA Consent & Distribution

CONDITIONS OF SERVICE

Orthopaedic Associates of New Orleans is committed to protecting the privacy of your health information. We posted in the office and have available for you to take with you our privacy policy, also known as, Notice of Privacy Practices(NPP). Briefly, our policy describes how we safeguard, and, when and with whom we may share our/your medical information. This policy complies with Federal regulations. Within the policy procedures for restricting release and modifying information.

Signing this Acknowledgement only states that we offered it to you. It does not affect your rights. You are NOT required to read this Notice.

Please sign _____ Date _____

Remainder of this form is for internal use and logs to whom we released your information

Date	Sent by	Sent to: Name, Address, Phone, Fax, Other Method

ORIGINAL HIPAA Consent
 Form: C&D

COPY-to chart



ORTHOPAEDIC
ASSOCIATES
OF NEW ORLEANS

RELEASE OF MEDICAL INFORMATION

J. Monroe Laborde, M.D.

Lance S. Estrada, M.D.

Kevin M. Watson, M.D.

Douglas N. Lurie, Jr., M.D.

Felipe Ramirez-Terrassa, M.D.

George R. Cary, Jr., M.D.
(RET. 2007)

I, _____

Date of Birth _____ authorize OANO LLC (Dr's Estrada,
Watson, Lurie, Laborde, Ramirez & Jason Cohen PA.) to release my medical

Information to: _____

We use an outside copying service and you must provide the address of each provider who is to receive your records. These records cannot be faxed or delivered. If you would like these records sent by secure email please put your email address on the line below.

Signature of Patient

Date: _____