

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Orthopaedic Associates of New Orleans is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. Orthopaedic Associates of New Orleans is required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at the Hospital and will make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED: We will securely store your medical information on a computer for use as part of rendering patient care. For example, your medical information may be used by the health care professional treating you, by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality and appropriateness of the care you receive.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination or the Hospital's compliance with relevant laws.

Unless you object, we will include general information, including your name, location in the hospital, your condition described in general terms and your religious affiliation in a directory of individuals located in the Hospital. The directory information, except for your religious affiliation, will be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name.

Unless you object, we may disclose to family members, other relatives or close personal friends the medical information directly relevant to such person's involvement with your care.

Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.

We may disclose your medical information to a public or private entity for the purpose of coordinating with that entity to assist in disaster relief efforts.

We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

We may disclose your medical information in the course of certain judicial or administrative proceedings.

We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

We may disclose your medical information to a coroner, medical examiner or funeral director.

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

We may disclose your medical information for certain research purposes.

We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.

We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION: You have the following rights with respect to your medical information.

The right to request restrictions on certain uses and disclosures of your medical information. We are not required to agree to your requested restriction, but if we do, we will honor it.

The right to receive communications from us in a confidential manner.

The right to inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.

The right to request an amendment of your medical information. We may deny your request for certain specific reasons, and, if denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point.

The right to receive an accounting of the disclosures of your medical information made by the Hospital in the six years prior to your request, except for disclosures for treatment, payment or Hospital operational purposes, and for certain other specific disclosure types.

The right to request a paper copy of this Notice of Privacy Practices for Protected Health Information.

The right to complain to the Hospital and/or to the United States Department of Health and Human Services if you believe that the Hospital has violated your privacy rights. To complain to the Hospital, please contact: The Administrative Department of the Hospital in question.

If you choose to file a complaint you will not be retaliated against in any way.

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact our security and privacy

officer, Randy White at: Orthopaedic Associates of New Orleans, 3434 Prytania St Suite #430, New Orleans, LA 70115 504-899-6391

Communications Privacy Policy – Our Commitment to Privacy

At Orthopaedic Associates of New Orleans, we are committed to protecting the privacy and security of your personal information. This Privacy Policy outlines how we collect, use, and protect your data when you communicate with us via text messaging (SMS/MMS).

Information We Collect

- **Contact Information:** When you provide your mobile phone number to receive text messages from our office, we collect this information for the purpose of communication regarding your healthcare, appointments, or other practice-related information.
- **Usage Data:** We may collect data on how you interact with messages sent from our office, such as whether you open messages or respond to them. This will help us improve our communication services.

How We Use Your Information

- **Appointment Reminders:** Sending reminders about your scheduled appointments.
- **Health Updates:** Sharing health-related information or updates pertinent to your care.
- **Service Notifications:** Informing you about changes in our office hours, policies, or emergency notifications.
- **Opt-in Confirmation:** Confirming your consent to receive messages from us.

Consent and Opt-In

- You must explicitly opt-in to receive SMS/MMS communications from our office. This consent can be provided through a checkbox on our website, in-person at our office, or through another opt-in method where you actively agree to receive messages.
- Example opt-in language: “By checking this box and providing your phone number, you consent to receive text messages from [Doctor’s Office Name]. Message frequency varies. Message and data rates may apply. Reply STOP to unsubscribe.”

Opt-Out Procedures

- You can opt-out of our text messaging service at any time by replying “STOP” to any message you receive from us. We will immediately process your opt-out request, and you will no longer receive messages from us.

Data Security

- We employ industry-standard security measures to protect your personal data, including encryption for data transmission where feasible.

Privacy Policy and Data Sharing

- **No Third-Party Sharing for Marketing:** We do not share or sell your personal information, including your mobile number or any health data, with third parties for marketing purposes.
- **Service Providers:** Information may be shared with service providers (e.g., SMS gateways) who assist in managing our text messaging services. These providers are bound by confidentiality obligations and are only allowed to use your data as necessary to perform services on our behalf.
- **Legal Compliance:** We may disclose information if required by law or to protect the rights, property, or safety of our patients, our practice, or others.

Your Rights

- **Access and Correction:** You have the right to access, update, or correct the personal information we hold about you. Please contact us to request this.
- **Revocation of Consent:** You can revoke your consent for text communications at any time by opting out as described above.

Changes to this Policy

- We may update this Privacy Policy from time to time to reflect changes in our practices or for other operational, legal, or regulatory reasons. Changes will be posted on this page, and we encourage you to review this policy regularly.

Contact Us

- For any questions or to exercise your data rights, please contact us at:

Orthopaedic Associates of New Orleans Address: 3434 Prytania St Suite #430, New Orleans, LA 70115 Phone: 504-899-6391 Email: privacy@oano.com

THIS NOTICE IS EFFECTIVE AS OF 6/3/2026

Questions? Contact us at privacy@oano.com.