

## **NOTICES OF PRIVACY PRACTICES**

Effective May 01, 2007

**This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review it carefully.**

This page describes the type of information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when law requires the release, or permitted by law without your authorization.

If you have questions about this notice, please contact our Privacy Officer at the address at the bottom of this page.

This notice describes the Providers practices regarding the use of your medical information and that of

- Any health care professional employed by Dr Martin.
- Companies that we use to fit you for a brace or other durable medical equipment to assist in your care or treatment.
- Hospital/Radiology/Lab employees that need information in order to schedule your surgery, procedure or treatment.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of personal medical information. We are required by law to:

- Keep confidential any medical information that concerns your condition or treatment, how your care is paid for the demographic information, if such information can be used to identify you.
- Give out this notice of our policies, procedures and information privacy practices with respect to medical information about you; and
- Follow the terms of this notice that is currently in effect.

### **HOW WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following listed are different ways that we may use and disclose information about you.

For Treatment/For Payment/For Health Care Operations Purposes/Appointment Reminders/Treatment Alternatives/Health Related Benefits and Services/Individuals Involved in Your Care or Payment for Your Care/Research/As Required By Law/To Avert A Serious Threat to Health Or Safety/Fundraising Activities/Organ and Tissue Donation/Military and Veterans/Workers Compensation/Public Health

Risks/Health Oversight Activities/Lawsuits and Disputes/Law Enforcement/Coroners/Medical Examiners/Funeral Directors. If you require examples, please ask for more information.

Where Nevada law and HIPAA regulations conflict, we will abide by the more stringent provision protecting your personal health information.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect & Copy:** You have the right to inspect and copy medical information that may be used to make a decision about your care. This includes medical and billing records. Excludes psychotherapy notes. If you choose to do so, you must submit your request in writing to our Privacy Officer. A copy fee will apply or other unusual supplies associated with your request.

We may deny your request to inspect a copy in certain limited circumstances. If you are denied, you may request that the denial be reviewed and the next appropriate step will be taken

**Right to Amend:** If you feel that the medical information we have about you is incorrect or incomplete, you have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, we may deny your request but will notify in writing as to the reason.

**Right to Request Restrictions:** you have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or for the payment of your care, like a family member.

We are not required to agree with your request. If we do agree we will comply with your request unless the information needed is to provide you with emergency treatment. To request restrictions you must make your requests in writing to our Privacy Officer and they will give you further instructions.

**Right to a Paper Copy of this Notice:** You have a right to a copy of this notice

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have made under your authorization. We are required to retain our records of the care that we provided to you for six years.

A S Martin Orthopedics  
Privacy Officer Karen Jacovino  
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Las Vegas, NV 89148  
702-898-2663 Fax 702-304-2663

ACKNOWLEDGEMENT OF PRIVACY POLICIES FOR A S MARTIN ORTHOPEDICS

I hereby acknowledge that I have been presented the Notice of Privacy Practices, or asked for a copy to review. I have no additional questions and understand the policies in place for privacy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_