

Notices

Securing your personal information is a priority. Orthomed Anesthesia engages in appropriate, reasonable and industry-standard security practices to help ensure that personal information is not subject to loss or unauthorized access, alteration, acquisition, use, modification, destruction or disclosure.

Health & Wellness

Effective Date: January 1, 2024

Revision Date:

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 it carefully.

This Notice of Privacy Practices describes the privacy practices of: Orthomed Anesthesia operations. We understand that your medical information is personal and we are committed to protecting it. We are required by law to maintain the privacy of your protected health information (“PHI”), to give you this Notice of our legal duties and privacy practices concerning your PHI, and to report to you any security breach involving your unsecured PHI. We must follow the terms of the current Notice.

Uses and Disclosures of PHI That Do Not Require Your Authorization

1. **For Treatment.** We may use and disclose your PHI for treatment purposes such as dispensing prescriptions or providing diagnoses, or managing and coordinating health care across one or more of your health care providers. We may disclose your PHI to treating physicians, providers, CRNA, CAA, and other health care providers to manage and coordinate your health care or treatment.

2. **For Payment.** We may use and disclose your PHI so that we and other covered entities or health care providers can bill and collect payment from you, your insurance company, or a third party. This may include conducting insurance eligibility checks with state Medicaid, Medicare, or other health plans, determining enrollment status, and providing PHI to entities that help us submit bills and collect amounts owed.
3. **For Health Care Operations.** We may use and disclose your PHI for our health care operations and the health care operations of other covered entities with which you have or had a relationship. Health care operations may include activities necessary to provide health care services and ensure you receive quality customer service.
4. **For Our Collective Health Care Operations.** Each of the covered entity health care providers that participate in our organized health care arrangement (described above) may share PHI with each other to carry out health care operations relating to the organized health care arrangement. Specifically, Orthomed Anesthesia practices and partner providers may share PHI with each other.
5. **To Communicate with You about Health-Related Products and Services.** We may use and disclose your PHI to communicate with you regarding your care and related matters. For example, we may use or disclose your PHI to provide appointment reminders, advise you of available anesthesia care, provide medication therapy management services, or inform you about alternative treatments including those available through research opportunities.
6. **To Individuals Involved in Your Care or Payment for Your Care.** We may disclose your PHI to a family member, other relative, friend, or other individual identified by you, who is involved in your medical care or payment for your care, provided you agree to this disclosure, you had an opportunity to object and did not do so, or we infer from the circumstances in our professional judgment that the disclosure is appropriate.
7. **As Required by Law.** We will disclose your PHI when we believe we are required to do so by federal, state, or local law, court order or similar demand.
8. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI when necessary to prevent or lessen a serious threat to health or safety to any person or the public.
9. **For Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized or required by law such as

audits, inspections, and licensure or other activities necessary for oversight of the health care system, benefits programs, or civil rights.

10. **For Public Health and Safety.** We may disclose your PHI to government authorities for public health and safety activities such as preventing or controlling disease, injuries, or disabilities, reporting abuse, neglect, or domestic violence, and reporting recalls or adverse reactions to medications.
11. **For Lawsuits and Disputes.** We may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process if efforts have been made to tell you about the request or to obtain a protective order.
12. **Law Enforcement.** We may disclose PHI to a law enforcement official for certain law enforcement purposes, such as reporting a crime on our premises or responding to legitimate law enforcement inquiries.
13. **For Specialized Government Functions.** We may disclose your PHI: (1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in custody, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, under certain conditions; (4) for national security reasons authorized by law; (5) to authorized federal officials to protect the President, other authorized persons, or foreign heads of state.
14. **For Workers' Compensation.** We may disclose your PHI for workers' compensation or similar programs.
15. **For Organ and Tissue Donation.** We may disclose your PHI to organ procurement or similar organizations for purposes of donation or transplant.
16. **For Coroners and Funeral Directors.** We may disclose PHI to a funeral home director, coroner, or medical examiner consistent with applicable law to enable them to carry out their duties.
17. **For Personal Representatives.** We may disclose your PHI to a person legally authorized to act on your behalf, such as a parent, legal guardian, or administrator or executor of your estate.
18. **For Proof of Immunization.** We may provide proof of immunization to a school about a student or prospective student, as required by law, if authorized by the parent/guardian, emancipated minor, or other authorized individual as applicable.
19. **Research.** We may use or disclose PHI in connection with research purposes, which may require your authorization (described below).

We also may use or disclose PHI: (1) pursuant to a waiver by an institutional review board or a privacy board; (2) preparatory to research; and (3) as a limited data set (PHI from which many identifying details are removed).

Uses and Disclosures of PHI That Require Your Authorization

We will not use or disclose your PHI without your authorization, unless such uses or disclosures are permitted by HIPAA. You may revoke your authorization in writing at any time as directed in the authorization. Your revocation will stop further use or disclosure of PHI for purposes set forth in your signed authorization, except to the extent we have already acted in reliance upon such authorization or we are prohibited by law. We must also follow any law that is stricter than HIPAA.

1. **Sale of PHI.** We will not use or disclose your PHI in exchange for direct or indirect remuneration unless you authorize us to do so, or as permitted by HIPAA. We may use or disclose information when the information is deidentified in accordance with HIPAA.
2. **Psychotherapy Notes.** Except in limited circumstances, we may not use or disclose psychotherapy notes recorded by a mental health professional documenting your conversation during a counseling session without your authorization.
3. **Marketing.** With your authorization, we may use or disclose your PHI for marketing purposes.
4. **Research Purposes.** We may use or disclose PHI for research purposes with your authorization, in addition to circumstances described above.

You Have the Following Rights with Respect to Your PHI

1. You may request restrictions on the use or disclosure of your PHI for treatment, payment or health care operations, or our disclosure of your PHI to someone involved in your care or payment for your care, like a family member or friend. We are not required to agree. If we

agree, we will comply with your request except in certain emergency situations or as required by law.

2. You may request restrictions on certain disclosures of your PHI to your health plan for purposes of carrying out treatment, payment or health care operations regarding services paid for in full (out of pocket).
3. You may inspect and receive a paper or electronic copy of your medical records, if readily producible, or direct that we provide them to your designee. We may charge you for reasonable costs of responding to your request. We may deny your request, in which case you may request a review of the denial.
4. You may request we amend certain PHI if it is incorrect or incomplete. You must provide a reason to support your request. We may deny your request if the PHI is accurate and complete or is not part of the PHI kept by or for the relevant provider in our organized health care arrangement. If we deny your request, you have the right to submit a statement of disagreement. Your request will become part of your medical record, to be included when we make a disclosure of the item or statement you believe to be incomplete or incorrect.
5. You may request an accounting of disclosures of your PHI. This is a list of disclosures made of your PHI, other than for treatment, payment or health care operations, and other exceptions allowed by law. Your request must specify a time period, which may not be longer than six years from the date of the request.
6. You may request we contact you in a certain way or at a certain location. For example, you may request we contact you only at work or at a different residence or post office box. Your written request must state how or where you wish to be contacted. We will grant reasonable requests. If you would like to exercise any of these rights, contact us at www.Orthomedstaffing.com to find our email, phone and fax numbers.

7.

8. Changes to This Notice of Privacy Practices

We reserve the right to change this Notice and to make the revised Notice effective for PHI we already maintain or receive in the future. We will post a copy of the current Notice. If we change our Notice, you may obtain a copy of the revised Notice upon request or online at: www.Orthomedstaffing.com

For More Information or to Report a Problem

If you have questions about this Notice, contact HIPAA Compliance, 15305 Dallas Parkway, Suite 900, Addison, TX 75001 or phone (469) 863-9978. If you believe your privacy rights have been violated, you may file a written complaint, and there will be no retaliation, with our HIPAA Compliance Officer at the above address, or with the Secretary of the Dept. of Health and Human Services, Office for Civil Rights.

Patient Bill of Rights

Responsibilities of the Provider

1. Be fully informed in advance about care/service to be provided, including the services areas that furnish care and the frequency of visits, as well as any modifications to your plan of care;
2. Participate in the development and revision of your plan of care;
3. Refuse care or treatment after the risks of refusing care or treatment are fully presented;
4. Be informed, orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible;
5. Have your property and person treated with respect, consideration and recognition of dignity and individuality;
6. Be able to identify visiting personnel members through proper identification;
7. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of your property;
8. Voice grievances/complaints regarding treatment or care, lack of respect of property, or recommend changes to policy, personnel or care/service without restraint, interference, coercion, discrimination or reprisal;
9. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated;
10. Confidentiality and privacy;
11. Be advised on agency's policies and procedures regarding the disclosure of clinical records;

12. Receive appropriate care without discrimination in accordance with provider orders;
13. Receive information about the scope of services the organization will provide and specific limitations on those services.

Responsibilities of the Patient

1. Provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service;
2. Be involved, as needed and as able, in the development, carrying out and modifying your care plan.

Language Assistance Services and Auxiliary Aids

In compliance with Section 1557 of the Affordable Care Act, we provide language assistance services and appropriate auxiliary aids and services upon request and free of charge to customers and members, as well as to patients, participants, beneficiaries, enrollees, and applicants of our healthcare programs, activities, or services.

Customer Concerns

You may call Orthomed Anesthesia at (469) 863-9978 if you have a concern regarding fraud and abuse or any treatment or services provided by our organization. You can also call the Office of Inspector General at (800) 447-8477.