

J. Richard Well MD Orthopaedics, P.C.

5530 Wisconsin Avenue, Suite 915, Chevy Chase, MD 20815, 301-312-6547

NOTICE OF PRIVACY PRACTICES

(Effective Date 2003)

This notice describes how medical information about you may be used and disclosed and how you may gain access to this information. Please review it carefully. We are required by Federal Law to provide you with information detailed below, according to specified format and content. If you have any questions about this notice, please contact our Privacy Officer at the address/phone listed above.

Each time you visit CHEVY CHASE ORTHOPEADICS, P.C. ("The Practice"), your medical record is updated to record your symptoms, exam and test results, diagnosis, treatment and recommendations for future treatment. We are required by law to ensure that your medical information is kept private, give you the Notice of Privacy Practices, and follow the terms of the notice that are currently in effect. We may change the terms of our notice, at any time. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times.

HOW CHEVY CHASE ORTHOPEADICS, P.C. MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following examples provide different way that The Practice may use and disclose medical information about you without your authorization. Your protected health information may be used and disclosed by your physician, The Practice's staff, and others outside of the Practice involved in providing health care services to you. Each category below gives examples as to how the practice may use and disclose your protected health information.

TREATMENT The practice may use medical information about you to provide, coordinate or manage your medical treatment or services. For example, information obtained by your nurse or physician will be recorded and used to determine the best course of treatment for you. This information may be shared with other healthcare providers involved in your healthcare diagnosis or treatment.

PAYMENT The practice may use and disclose medical information about you to receive payment for your healthcare treatment or services. For example, we may send a bill to you, an insurance company, or a third party such as family members. The information on the bill may include information that identifies you and the health care services you received.

We may also communicate with your health insurance carrier to get prior approval for a treatment or to determine if a treatment is covered under your plan.

HEALTH CARE OPERATIONS The practice may use and disclose medical information on the bill may include information that identifies you and your health care services you received. We may also communicate with your health insurance carrier to get prior approval for a treatment or to determine if a treatment is covered under your plan.

BUSINESS ASSOCIATES The practice may use a third party to perform various functions necessary to the practice (e.g. billing and transcription). The practice requires that third parties sign contracts stating they will protect your information.

APPOINTMENT REMINDERS We may use and disclose medical information when we contact you by phone or mail to remind you of an appointment.

AS REQUIRED BY LAW The practice will disclose medical information when required to do so by federal, state or local law, in response to a court order, valid subpoena, warrant, summons or similar process.

MILITARY AND VETERANS The practice may release medical information of patients in the armed forces as required by military command authorities.

WORKER'S COMPENSATION The practice may release medical information about you to comply with worker's compensation laws

HEALTH OVERSIGHT The practice may disclose your health information to a state or federal health oversight agency, which is authorized by law to oversee our operations.

PUBLIC HEALTH The practice may disclose medical information about you for public health reasons. Some common reason for disclosure are to prevent or control disease, injury or disability and to report births and deaths.

LAW ENFORCEMENT When legal requirements are met, The practice may release medical information about you if asked to do so by a law enforcement official, for example for legal processed that are required by law or concerning victims of a crime.

NATIONAL SECURITY The practice and disclose your medical information to federal officials for intelligence and national security activities authorized by law.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS Medical information may be released to a coroner or medical examiner, as authorized by law, for identification purposes or to determine the cause of death.

INMATE If you are an inmate of a correctional institution or in the custody of law enforcement official, the practice may release medical information about you to the correctional institution or law enforcement official.

SPECIAL SITUATIONS

Emergencies/Communication Barriers The practice may disclose your health information in the event of an emergency health situation or if significant communication barriers exist and the physician determines, using professional judgment that you intend to consent to use or disclose under the circumstances.

Family and others involved in your care or payment for your care Using our best judgment, The practice may disclose health information about you to a family member, relative or friend involved in your medical care or the payment of your care.

Organ and Tissue Donation If you are an organ donor, the practice may release medical information to organizations engaged in the procurement, banking or transplantation or organs in order to aid in the organ or tissue donation and transplantation.

Marketing of treatment alternatives benefits and services We may use and disclose medical information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you. If you do not want to be included in this service. Please notify our Privacy Office in writing.

Fundraising Activities We may use medical information about you to contact you as part of a fundraising event if you do not want to be included in fundraising events, please notify our Privacy Office in writing.

Research The practice may disclose medical information to researchers if an institutional review board has approved to research proposal and protocols are in place to ensure the privacy of your medical information.

Change of Ownership In the event that this medical practice is sold or merged with another organization, our protected health information will become the property of the new owner who will have access to it, although you will maintain the right to request that companies of your protected health information be transferred to another physician or medical practice.

YOUR MEDICAL INFORMATION AND YOUR RIGHTS

Right to Confidential Communications/request restrictions You have the right to request that our practice communicate with you about health and related issues in a particular manner or a certain location. You may request a restriction or limitation on how we use or disclosed your protected health information for treatment, payment or health care operations. For instance you may ask that we contact you at home rather than work we will accommodate reasonable requests. You must make a written request to our Privacy Officer.

Right to Inspect and Copy You have a right to inspect and obtain a copy of your medical record. This typically includes medical and billing records. Our practice may deny your request to inspect and or copy in certain limited circumstances, however you may request a review of our denial. If you would like to inspect your medical information, you must submit your written request to our Privacy Officer. You will be contacted and an appointment arranged for review of the records in the presence of an office representative. If you would like to request a copy of our medical information, you must submit your written request to the Privacy Officer. You will be charged a fee for the cost of copying, mailing and other costs associated with your request.

Right to obtain an accounting of Disclosure You have the right to request an accounting of certain disclosures we have made (if any) of your health information, which do not fall under the routine disclosures stipulated for payment, treatment and/or healthcare operations or for which you have not additionally authorized in writing to request an accounting of such disclosures, please submit your written request to our privacy officer.

Right to have your Physician amend your Protected health information This means you may request an amendment of protected health information about you in a designated record set if you believe it is incorrect or incomplete for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we do so, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to obtain a paper copy of this notice Upon request, and at any time, the practice will provide you with a copy of this notice.

Right to provide an authorization for other uses and disclosure The practice with obtain your written authorization for uses and disclosures that are not identified by this notice of permitted by applicable law.

PRACTICE OBLIGATIONS REGARDING YOUR MEDICAL INFORMATION AND YOUR RIGHTS Pursuant to your written request(s) regarding your medical information and rights, please be advised that the law requires that the practice respond to your request(s) within thirty (30) days.

COMPLAINTS If you believe your privacy rights have been violated you may contact our privacy officer at the address/phone number listed above without fears of retribution. All complaints must be submitted in writing and will be handled confidentially. The privacy office will contact you within 10 business days of receipt of your complaint.

Should you feel further assistance in warranted, you may contact, the Office of Civil Rights/U.S. Department of Health and Human Services at 200 Independence Ave, S.W. room 509F HHH building, Washington, D.C. 20201 or call the Office of Civil Right (OCR) Hotline at 1-866-627-7748

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**ACKNOWLEDGEMENT OF RECEIPT OF
PRIVACY PRACTICES NOTICE**

Patient Name _____

Patient:

By signing this form, you acknowledge that J. Richard Wells Orthopaedics, PC (the Practice) has provided you access to a copy of its Privacy Notice, which explains how your health information will be handled in various situations. By law, we are required to have you sign this form on your first date of service with us and maintain it as part of your record.

If your first date of service with us was due to an emergency, we must try to provide you access to this notice and have you sign this form as soon as possible after the emergency.

I agree that the Practice has provided me access to its Privacy Notice. I understand I may request a copy for my personal use.

Patient Signature

Date

For Office Use Only:

Practice staff should complete this form.

Does the patient have a copy of the Privacy Notice? () Yes () No

Please explain why the patient was unable to sign an Acknowledgment Form and the Practice's efforts in trying to obtain the patient's signature:

Employee's Initials _____ Date _____

Medical Record # _____ Date of Registration _____