

Right to Inspect and Copy: With a few exceptions, you have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information gathered for judicial proceedings. To inspect and copy medical information that may be used to make decisions about you, please submit your request in writing to South Florida Orthopaedics & Sports Medicine, ATTN: Compliance Officer, 1050 SE Monterey Road, Suite 400, Stuart, FL 34994. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Restrictions: You have the right to ask for restriction on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, or our payment or health care operation activities. However, we are not required to agree to your requested restriction and, even if we agree to the requested restriction, we are permitted to use your information without complying with the restriction if necessary to treat you in an emergency situation. To request restrictions, please notify our Compliance Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SFO. To request the amendment, your request must be made in writing and submitted to our Compliance Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for SFO; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

Right to an Accounting of Disclosures: You have the right to ask for a list of the disclosure of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This listing will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and the reason for the disclosure. The listing will not include the following disclosures: (1) disclosures made for the purpose of treatment, payment of healthcare operations, or disclosures of directory information of disclosures made to family or responsible caregivers as described above; (2) disclosures made directly to you;

(3) disclosures made based on a valid authorization from you or from your legally authorized representative; (4) oral or incidental disclosures; (5) disclosures made for purposes of national security, or to correctional institutions or law enforcement officers as described above; or (6) disclosures made prior to April 14, 2003.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to: South Florida Orthopaedics & Sports Medicine, ATTN: Compliance Officer, 1050 SE Monterey Road, Suite 400, Stuart, FL 34994. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

Changes to this Notice

SFO will abide by the terms of the Notice currently in effect. SFO reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. An updated version of this Notice may be obtained online at www.SouthFlaOrtho.com.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. To file a complaint with us, please send notice to South Florida Orthopaedics & Sports Medicine, ATTN: Compliance Officer, 1050 SE Monterey Road, Suite 400, Stuart, FL 34994, or contact the US Department of Health & Human Services, 200 Independence Avenue SW, Washington, DC 20201 or (877) 696-6771. You will not be penalized for filing a complaint.

1050 SE Monterey Road
Stuart, Florida 34994 • (772) 288-2400
www.SouthFlaOrtho.com

HIPAA

Notice of Privacy Practices

This Notice describes how 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 practices of South Florida Orthopaedics & Sports Medicine (SFO) and all of its physicians, employees and staff. This notice will tell you 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 medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the Notice that are currently in effect.



SOUTH FLORIDA
ORTHOPAEDICS
& SPORTS MEDICINE

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our facility, whether made by our staff or your physician.

How We May Use and/or Disclose Medical Information About You

The following categories describe different ways that we may use and disclose your medical information.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, students, or other personnel who are involved in your care. We also may disclose medical information about you to people outside our facilities who may be involved in your medical care before or after you leave our facility, such as family members, therapists, home health agencies, long term care facilities or others we use to provide services that are part of your care

For Business Associates: We may use and disclose certain medical information about you to business associates. A business associate is an individual or entity who may perform or assist us in a function or activity that necessitates the use or disclosure of medical information. Examples of business associates include, but are not limited to, copy services used by SFO to copy medical records, consultants, medical transcriptionists, and third-party billing companies. We require the business associates to safeguard and protect the confidentiality of your medical information.

Appointment Reminders: We may use and disclose personal and/or medical information to contact you as a reminder that you have an appointment for treatment or medical care at our facility.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at our facility may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or a determination whether your plan will cover the treatment.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. You may restrict some or all of these disclosures by requesting the restriction in writing.

1

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs to the extent authorized by law, and to comply with the program. These programs provide benefits for work-related injuries or illnesses.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

Health Care Operations: We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our clearinghouse, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

Health-Related Benefits And Services: We may use and disclose medical information to tell you about health-related benefits or

2

services, or to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury, or disability; to report child or vulnerable adult abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Coroners, Medical Examiners and Funeral Directors: Consistent with applicable law, we may release medical information about patients to funeral directors as necessary to carry out their duties.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Marketing: We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you, provided we do not receive any payment for making these communications. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications.

Fundraising: We will not use or disclose your demographic information in order for you to be contacted about any fundraising activities.

Sale of Health Information: We will not sell your health information.

Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

Your Rights Regarding Medical Information About You

Although your health record is the physical property of South Florida Orthopaedics & Sports Medicine, the information belongs to you. You have the following rights regarding medical information we maintain about you:

3