

**TRI COUNTY ORTHOPEDIC SURGEONS, INC.
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 THIS NOTICE CAREFULLY.

If you have any questions about this notice please contact: Tri County Orthopedic Surgeons, Inc., c/o Privacy Contact, 3244 Bailey Street NW, Massillon, Ohio 44646, or by calling our office at 330-837-8391 and asking for the Privacy Contact.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you, and that relates to your past, present or future physical or mental health or condition and related healthcare services or the past, present or future payment for your healthcare services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office at the phone number above and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information

The Practice may use and/or disclose your health information for treatment, payment and healthcare operations as more fully described below.

1) Treatment - We will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. For example, your physician or a staff member may disclose your health information to another healthcare provider or a hospital if it is necessary for your assessment or treatment for your health condition. In addition, we may use or disclose your protected health information in an emergency to provide you with emergency care.

2) Payment - Our insurance and billing staff may disclose your examination and treatment records to another party, such as an insurance carrier, an HMO, a PPO who is responsible for the payment of your services in order to obtain payment. This may include activities that your health plan undertakes before approving or paying for the healthcare services that we have recommended, such as: making a determination of eligibility or coverage of insurance benefits, reviewing services provided to you for medical necessity, and performing

utilization reviews. Additionally, we may disclose your protected health information to a collection agency for payment purposes.

3) Healthcare Operations - In order for the practice to operate in accordance with applicable law and insurance requirements and in order for the practice to continue to provide quality and efficient care, it may be necessary for the practice to compile, use and/or disclose your health information. For example, the practice may use your health information in order to evaluate the performance of the practice's personnel in providing care to you, or to medical students that see patients at our practice.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your health information will be made only with your written authorization, unless permitted or required by law as described below. You may revoke this authorization at any time by sending written notice of the revocation to our office, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization. You may obtain the revocation form from our office by calling the office at the number listed above and requesting that the receptionist mail the form to you, or requesting the revocation form from our receptionist when you are at our office.

Required Uses and Disclosures That May Be Made Without Your Consent Or Authorization

We may use or disclose your protected health information in the following situations without your authorization:

Others Involved In Your Healthcare: If you agree, or we can reasonably infer from the circumstances that you agree, the Practice may disclose to individuals identified by you such as your family member, other relative, a close personal friend, or any other person identified by you, your protected health information directly relevant to such person's involvement with your care or the payment for your care. If you are not present or able to agree or object to the use or disclosure of your protected health information, then, by using his/her professional judgment, your physician may determine whether the disclosure is in your best interest and act accordingly. The Practice may also use or disclose your health information to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. And finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Appointment Reminder: The practice may, from time to time, 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. The following appointment reminders are used by the Practice: a) letter mailed to you at the address provided by you; and b) telephoning your home and leaving a message on your voicemail/answering machine or with the individual answering the telephone.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required or permitted by law, of any such use or disclosure.

Communication Barriers: We may use and disclose your health information if your physician or another physician in the practice attempts to communicate with you but is unable to do so due to substantial communication barriers, such as unconsciousness, and the physician determines, using professional judgment, that you would permit the use or disclosure under the circumstances.

Public Health Activities: We may disclose your protected health information for public health activities, which may include, for example, information collected by a public health authority that is authorized by law to collect the information to prevent or control disease.

Abuse, Neglect, or Domestic Violence: We may use or disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. The disclosure will be made consistent with the requirements of the applicable state and federal laws.

Health Oversight: We may disclose your protected health information for health oversight activities, which must be required by law, such as to government agencies that include criminal investigations, audits, or general oversight activities relating to the community's healthcare.

Communicable Diseases: We may use or disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized).

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or biologic product deviations; to track products; to enable product recalls, to make repairs and replacements; or to conduct post marketing surveillance, as required.

Research: If the Practice is involved in research activities, your protected health information may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your health information. Thus, we may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Coroner or Medical Examiner: The Practice may disclose your protected health information to a coroner or medical examiner for the purpose of identifying you or determining your cause of death.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include but are not necessarily limited to the reporting of certain types of wounds or physical injury, in response to a request to locate or identify a suspect, fugitive or missing person, or to comply with the requirements of a court order.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with Workers' Compensation laws and other similar legally-established programs.

Military Activity and National Security: When appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel as required by the military command authorities or for the purposes of determining eligibility for benefits by the Department of Veterans Affairs. We may also disclose your health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Business Associate: To a business associate if the Practice obtains satisfactory written assurance, in accordance with the applicable law, that the business associate will appropriately safeguard your protected health information. A business associate is an entity that assists the Practice in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your health information in the course of providing care to you.

Your Rights

The following information describes the rights you are given by law. We require that you exercise each right by completing a form available for each right. You may obtain the appropriate form by asking our receptionist for the form at your next visit to our office or by telephoning our receptionist at 330-837-8391. We will be happy to mail you the appropriate form. All forms are to be returned to our office by hand delivering them to our receptionist or following the mailing instructions included on the form.

1) Inspect and copy your protected health information that is included in a designated record set. A designated record set contains medical and billing records and any other records that we use to make healthcare decisions about you. This request to obtain access to your medical records must be made in writing by requesting the appropriate form from our receptionist. Our office has thirty (30) days to respond to your request by either granting you access to the records or denying you access. Under federal law, there are limited circumstances

where we may deny you access to the information. Depending on the circumstances, a decision to deny access may be reviewed. If you are denied access, you will be notified in writing, including the reason for denial and any rights you may have as a result of the denial.

2) Request a restriction on your protected health information. This means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes. Your request must be in writing, and must state the specific restriction requested and to whom you want the restriction to apply. You may make a request for the restriction of the use or disclosure of your health information by completing a form designated for this purpose that you may obtain from our receptionist. Our office will respond to this request within thirty (30) days of receiving your request.

Your physician is not required to agree to a restriction that you may request, if the physician believes it is in your best interest to permit use and disclosure of your health information. If your physician does agree to the request, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.

3) Receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you by alternative means or at an alternative location. You must make your request in writing on a form used for this purpose that you may obtain from our receptionist.

The Practice will accommodate all reasonable requests.

4) Amend your protected health information. This means that you may request an amendment of protected health information about you in a designated record set for as long as we maintain the information. To request an amendment you must submit a written request on a form used for this purpose that you may obtain from our receptionist. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, 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. We will respond to your written request for amendment within sixty (60) days of receiving your request.

5) Receive an accounting of disclosures of your protected health information as provided by law. This request applies to disclosures made for purposes other than treatment, payment, or healthcare operations as described in this Privacy Notice. It excludes disclosures we have made to you, disclosures you have authorized, disclosures to family and friends involved in your healthcare, and disclosures for notification purposes. To request an accounting, you must submit a written request on a form used for this purpose that you may obtain by requesting the form from our receptionist. The request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

6) Complain to the Practice or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Practice, you may

contact the Practice's Privacy Officer. All complaints must be in writing on a form designed for this purpose that you may obtain from our receptionist.

You may contact our Privacy Contact at 330-837-8391 for further information about the complaint process.

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services at: 200 Independence Avenue SW, Washington DC 20201 or 1-877-696-6775.

Effective Date

This Privacy Notice is in effect as of April 14, 2003.