

**NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGEMENT and AUTHORIZATION**

I acknowledge that I have received the *Notice of Privacy Practices* for Osborne Orthopedic Group Inc. I consent to the use or disclosure of my protected health information for the purpose of diagnosing or providing treatment to me, and obtaining payment for my healthcare. I understand that my medical record is property of Osborne Orthopedic Group Inc, who will follow recordkeeping guidelines of the Commonwealth of Virginia, Virginia Board of Medicine, Title of Regulations: 18 VAC 85-20-16; Statutory Authority: 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*.

I may be contacted by telephone at the following numbers or emails. Messages to return the office call and appointment reminders can be left at these numbers. (Personal Health Information such as test results **CANNOT** be left on an answering machine. Personal Health Information can only be shared with other people authorized by the patient.)

HOME # _____

CELL # _____

WORK # _____

EMAIL _____

EMAIL _____

I authorize the following people to receive my Personal Health Information (test results, prescription information, appointment information, specialist appointments, diagnostic testing, treatment plan, hospital care):

NAME _____ RELATIONSHIP _____ PHONE _____

EMAIL:

NAME _____ RELATIONSHIP _____ PHONE _____

EMAIL:

NAME _____ RELATIONSHIP _____ PHONE _____

EMAIL:

This authorization will remain in effect from today until I request in writing that it be amended.

Signature of Patient or Guardian

Date

PRINT Name of Patient or Guardian

Witness Signature

NOTICE OF PRIVACY PRACTICES SUMMARY

(Effective March 15, 2004)

THIS NOTICE DESCRIBES HOW OSBORNE ORTHOPEDIC GROUP, INC USES AND DISCLOSES YOUR MEDICAL INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE OF PRIVACY PRACTICES (NPP). IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT JUDY GIDDENS, PRIVACY OFFICIAL FOR OSBORNE ORTHOPEDIC GROUP, INC. AT 757-548-7190.

This NPP applies to Osborne Orthopedic Group, Inc. and all its locations, employees, to Healing Hands Physical Therapy and Advanced Podiatry of Hampton Roads. All entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or healthcare operations.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality healthcare and to comply with certain legal requirements. This notice applies to all of the records of your healthcare services by Osborne Orthopedic Group, Inc, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to (1) make sure health information that identifies you is kept private; (2) give you this notice of our legal duties and privacy practices with respect to medical information about you; and (3) follow the terms of this notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. By submitting to our care, you give us the right to use your information for treatment, to be reimbursed for the services rendered in order to care for you, and to operate our organization within the parameters of legality. We may use or disclose your information for the following reasons: appointment reminders; to evaluate the quality of the medical care we provide; to coordinate reimbursement for the services we provide to you; to fulfill requirements of subpoenas, lawsuits, and disputes; various uses as required by law or to avert a serious threat to health or safety. We coordinate some of your services by telephone. While every attempt is made to maintain quiet, private modes of conversation, passersby may overhear words or phrases regarding you or your treatment.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding the medical information we maintain about you: right to inspect and copy; right to amend; right to an accounting of disclosures; right to request restrictions; right to request confidential communications; and the right to a paper copy of this notice. Information about how to exercise these rights can be obtained from Judy Giddens, Privacy Official for Osborne Orthopedic Group, Inc., at 757-548-7190.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain the effective date. In addition, each time you register for medical treatment, we will offer you a copy of the current notice.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Jennifer Osborne, Privacy Official, 757-548-7190. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION:

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