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## **NOTICE OF PRIVACY PRACTICES**

### **THIS NOTICE TELLS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Aspen Orthopedics must keep your health information private. We are also required to give you this Notice to tell you about our legal duties, the practices we follow to keep your health information private, and your rights concerning your health information. When we release your health information, we must release only the information needed for the specific purpose. We will follow the privacy practices in this Notice.

We have the legal right to change our privacy practices and the terms of this Notice at any time. We will make copies of the revised Notice available on request. We will provide a copy of the Notice of Privacy Practices to each patient upon their initial office visit. In the next section we give some examples of the ways and reasons your health information may be used or released.

#### ***Without your written permission, we can use and release your health information for:***

1. **Treatment.** We may use or release your health information to a physician or other healthcare provider in order to provide treatment for you. For example, a doctor may use information in your medical record to decide what treatment, such as a drug or surgery, best meets your health needs. The treatment chosen will be written in your medical record, so that other health care professionals can make the best decisions for your care. We may also use your health information to schedule a test such as a lab or x-ray, call a prescription to your pharmacy, continue your care.
2. **Payment.** We may use and disclose your health information to obtain payment for services we provide you. For example, we must send a bill that gives your name, your diagnosis, and the care you received to your insurance company. We will give this health information to help get payment for your medical bills. We may disclose your health information to another health care provider or entity subject to the federal Privacy Rules so they can obtain payment. We may need your written permission to disclose information taken from your mental health treatment records or HIV test results for payment purposes.
3. **Health Care Operations.** We may use and disclose your health information in connection with our health care operations. For example, your diagnosis, treatment, and results may help improve the quality or cost of care we give our patients. These quality and cost improvement activities may include reviewing the performance of your doctors, nurses, and other health care professionals; looking at the success of your treatment and comparing the success to other patients; calling a patient and leaving a reminder message for a scheduled appointment. Other health care operations for which we can use or disclose our health information include: conducting training programs, accreditation, certification, licensing or credentialing; medical review, legal services, and auditing, including fraud and abuse detection and compliance; business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified health information or a limited data set. We may disclose your health information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.
4. **As required by law.** We may use or disclose your health information as required by law to the police, court officials, or government agencies. For example, we may report abuse, neglect, certain physical injuries.
5. **For public health activities.** We may need to report your health information to help prevent or control disease, injury or disability. This may include information for: disease, injury, and vital statistic reporting; child abuse reporting; Food and Drug Administration; Poison control.

6. **For health oversight activities.** We may give your health information to health oversight agencies, including agencies who monitor or regulate hospitals, clinics, nursing homes, or other health care providers to be certain you are given the correct and proper care.
7. **For activities related to death.** We may reveal your information to coroners and medical examiners. Such as: identifying the body, finding cause of death. We may reveal your HIV test results to funeral directors who may have been significantly exposed to you.
8. **For organ, eye, or tissue donation.** We may give your health information to people who obtain, store, or transplant organs, eyes, or tissue of people who have died.
9. **For research.** We may use your health information for research. Such research might help us to improve care or develop new treatments. Depending on the research, you may be able to refuse the use of your health information.
10. **To avoid a serious threat to health or safety.** We may release some of your medical record to people in authority if we think that it will prevent or lessen a serious or imminent danger to yourself or the safety and health of other people.
11. **For military or national security purposes.** We may release your health information to military and federal officials for lawful national security or intelligence activities.
12. **For worker's compensation.** We may share your health information as allowed by worker's compensation laws or other similar programs. These programs may provide benefits for work-related injuries or illness.
13. **Law Enforcement and Correctional Facilities.** We may disclose your health information to law enforcement officials pursuant to subpoenas under a court order, and signed by a judge, or other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person. We may disclose your health information to correctional institutions or law enforcement personnel for certain purposes if you are an inmate or are in lawful custody.
14. **To those involved with your care or payment of your care.** If family members or close friends are helping care for you or helping you pay your medical bills, we may give health information about you to those people to the extent necessary for them to help with your care or payment for your care. If you are unable to agree or object to such disclosure, we may give information as necessary to determine that it is in your best interest based on professional judgment.
15. **Disaster Situations.** We may release your medical record to people who handle disasters so people who care for you can have needed information. We must inform you of these releases and honor any written restrictions you may impose, unless so doing would restrict our ability to respond to an emergency.
16. **HIV Test Results.** Your HIV test results, if any, may be disclosed as set forth in Wisconsin Statutes 252.15(5)(a). A listing of the persons or circumstances set forth in that statute is available on request.
17. **State Regulatory Bodies.** We may disclose to state agencies who require us to submit information such as births, deaths, and to cardiac and cancer registries.

***With your written permission:***

We may use your health information to disclose it to anyone for any purpose. If the reason we share health information is not listed above, we must first get your written permission. For example, we must get your written permission to share psychotherapy notes unless we need those notes to treat you or if we are required by law. If you sign a permission form, you may withdraw your permission at any time, as long as you notify us in writing. If you wish to withdraw your permission, please send your written request to the Privacy Officer at Aspen Orthopedics. Your revocation will not affect any use or disclosures while your permission was in effect.

### **Your Health Information Rights:**

If you wish to use any of the following rights with respect to your health information, please contact the Privacy Officer at Aspen Orthopedics.

1. **Inspect and copy your health information.** With exceptions, you have the right to look at and receive a copy of your medical record. You must make this request in writing and we will respond in a timely manner, but within 30 days.
2. **Request to amend or correct your health information.** If you believe your health information is not correct, you may ask us to change/correct the information. You will be asked to make your request in writing, and you will be asked to give a reason why your health information should be changed. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement or disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
3. **Request restrictions on certain uses and disclosures.** You may limit how your health information is used. You may ask us to limit the information given to family and friends or those who help in emergencies. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency). All requests for restriction must be in writing.
4. **As applicable, receive confidential communication of health information.** You have the right to ask that we share your health information with you in different ways or places. For example, you may ask to learn about your health status in a private area or by a letter sent to a private address. We will meet reasonable requests that specify the alternative means or location and provide a satisfactory explanation how payments will be handled under the alternative means or location you request. If requesting confidential communication, the request must be in writing.
5. **Receive a record of disclosures of your health information.** This record of disclosures is included in your office notes contained in our EMR (Electronic Medical Record). Disclosures will include to whom we disclosed and what information was disclosed. You may receive, upon your written request, one listing of disclosures per year.
6. **Obtain a paper copy of this Notice.** A paper copy of this Notice will be given to you even if you have received this notice on our web site or by electronic mail (e-mail). Even if you received a copy of the Notice before, you may still be asked to sign that you have received the Notice.
7. **Complaint Filing.** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint.

### **You may submit your request in writing to:**

1. File a complaint or to comment on our privacy practices.
2. Amend your health information.
3. Assess your health information.
4. Request a restriction on your confidential communication of your health information, or
5. Receive a listing of disclosures of your health information.

Please submit all requests in writing to the Privacy Officer at Aspen Orthopedics.

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ams: 9/17/12, 11/13/12, 6/18/13, 8/19/13, 3/10/16, 3/27/17, 1/2/19, 10/3/19