1. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION.

We are permitted by law to use and disclose your Health Information without your written or other form of authorization under certain circumstances as described below. This means that we do not have to ask you or we do use or disclose your Health Information for purposes such as to provide you with your desired health care, to bill for our services or to seek payment for our services, or to: • to report Health Information to public health authorities for the purpose of preventing or controlling disease, injury or disability; • to report certain immunization information where required by law; • to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, such as reactions to medications; • to notify you and other patients of any product or medication recalls that may affect you; • to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; • to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Health Oversight Activities. We may disclose your Health Information to a health oversight agency such as Medicaid or Medicare that oversees health care systems and delivery, to assist with audits or inspections. We may disclose your Health Information to authorized persons or foreign heads of state or for purposes of conducting special investigations.

To Other Healthcare Providers. We may disclose your Health Information to other health care professionals where it may be necessary to provide you with your health care, to individuals you may identify as close friends, caregivers or other individuals that you may identify as close friends, caregivers or other individuals that you may identify in caring for you. We may also combine Health Information about many of our patients to decide what additional services that we should offer or what services we should change or discontinue in order to best meet your needs and the needs of our other patients in an efficient and cost-effective manner.

Disclosures to Relatives, Close Friends, Caregivers. We may disclose your Health Information to family members and relatives, close friends, caregivers or other individuals that you may identify as close friends, caregivers or other individuals that you may identify, so long as we: • Obtain your authorization; • Provide you with an opportunity to object to the disclosure and you do not object; or • Reasonably infer that you would not object to the disclosure.

We must obtain your specific written authorization prior to disclosing any information that would identify you as having or being suspected of having a sexually transmitted disease. We may disclose your Health Information to governmental units with special functions under certain circumstances, such as to the state immunization registry or to your insurance carrier.

Tuberculosis Information. We may disclose your Health Information to any of the U.S. Armed Forces or the U.S. Department of State.

National Security and Intelligence Activities. We may disclose your Health Information to the United States Department of Homeland Security, the federal intelligence community or other intelligence agencies as authorized by law, such as to the state immunization registry or to your insurance carrier.

To Health Care Operations. We may use and disclose your Health Information as necessary to run our practice and make sure that all of our patients receive quality health care. For example, we may use Health Information to review our treatment methods and to help us continue to improve the quality of care we provide.

In most cases we must obtain your specific written authorization prior to disclosing any information that would identify you as having or being suspected of having a sexually transmitted disease. We may disclose your Health Information to governmental units with special functions under certain circumstances, such as to the state immunization registry or to your insurance carrier.

Military and Veterans. For members of the armed forces and veterans, we may use or disclose your Health Information as necessary to support your military command authorities. If you are a foreign military personnel, your Health Information may also be released to appropriate foreign military authority.

Specialized Government Functions. We may disclose your Health Information to governmental units with special functions under certain circumstances, such as to the state immunization registry or to your insurance carrier.

Workers’ Compensation. We may use or disclose your Health Information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
Drug and Alcohol Information. We must obtain your specific written authorization prior to disclosing information related to drug and alcohol treatment or rehabilitation under certain circumstances as where you received drug and alcohol treatment at a federally funded treatment facility or program.

Genetic Information. We must obtain your specific written authorization prior to using or disclosing your genetic information for treatment, payment or health care operations purposes. We may use or disclose your genetic information, or the genetic information of your child, without your written authorization only where it would be permitted by law.

Information Related to Emancipated Treatment of a Minor. If you are a minor who sought emancipated treatment from us, such as treatment related to your pregnancy or treatment related to your child, or a sexually transmitted disease, we must obtain your specific written authorization prior to disclosing any of your Health Information related to such treatment to another person, including your parent(s) or guardian(s), unless otherwise permitted or required by law.

Marketing Activities. We must obtain your specific written authorization in order to use any of your Health Information to provide you with marketing materials by mail, email or telephone. We may, however, provide you with marketing materials face-to-face without obtaining such authorization, in addition to communicating with you about services or products that relate to your treatment, case management, or care coordination, alternative treatments, therapies, providers or care settings. If you do provide us with your written authorization to send you marketing materials, you have a right to revoke your authorization at any time. If you wish to revoke your authorization, please contact the Division's Administrator or CAO Privacy Officer's number or mailing address provided in Section VI of this Notice.

Activities Where We Receive Money for Giving Your Health Information to a Third-Party. For certain activities in which we would receive remuneration, directly or indirectly, from a third-party for exchanging for your Health Information without obtaining your specific written authorization prior to doing so. We would not, however, require your authorization for activities such as for treatment, payment, health care operations purposes, if you do provide us with your written authorization, you have a right to revoke your authorization at any time. If you wish to revoke your authorization, please contact the Division's Administrator.

III. YOUR RIGHTS.

1. Right to Request Additional Restrictions. You have the right to request restrictions on the uses and disclosures of your Health Information, such as:
   - For treatment, payment and health care operations,
   - To include your name, address and phone number in your medical record from another doctor were brought to us and incorporated into our own medical records;
   - To notify or assist individuals locate you or obtain information about your condition.

Although we will carefully consider all requests for additional restrictions on how we will use and disclose your Health Information, we are not required to grant your request unless your request relates solely to disclosure of your Health Information to a health plan or other payer for the sole purpose of payment or health care operations for a health care item or service that you or your representative have paid for in full and out-of-pocket.

Requests for restrictions must be in writing. Please contact the Division's Administrator if you wish to request a restriction.

2. Right to Confidential Communications. You have the right to make a reasonable written request to receive your Health Information by alternative and reasonable means of communication or at alternative reasonable locations.

3. Right to Inspect/Copy Health Information. You have the right to inspect and copy your Health Information, if you maintain such information, that we maintain. For Health Information that we maintain in any electronic designated record set, you may request a copy of such Health Information in an electronic format, if reusable. However, under limited circumstances, you may be denied access to a portion of your records. For example, if your doctor believes that certain information contained within your medical record could be harmful to you, we would not release that information to you. Please contact the Division's Administrator. If you would like to inspect or request copies of your Health Information from us, we may charge you out-of-pocket costs for paper copies of your Health Information or the amount of our reasonable labor costs for a copy of your Health Information in an electronic format.

4. Right to Notice of Breach. We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your Health Information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured Health Information and inform you of what steps you may need to take to protect yourself.

5. Right to Paper Copy of Notice of Privacy Practices. You may at any time request a paper copy of this Notice, even if you previously agreed to receive this Notice by email or other electronic format. Please contact the Division's Administrator to obtain a paper copy of this Notice.

6. Right to Revoke Authorization. After providing the Practice with your authorization to use and disclose your Health Information, you may, at any time, revoke, suspend, or cancel such authorization, regardless of whether your initial authorization was given verbally or in writing. You are generally required to revoke your authorization in writing by contacting the Division's Administrator or CAO Privacy Officer at the phone number or mailing address provided in Section VI of this Notice, unless the Privacy Officer directs otherwise. Any revocation will be effective only to the extent of future disclosure, and may not have taken action in reliance upon your authorization.

7. Right to Request Amendment. You may request that we amend, or change, your Health Information that we maintain by contacting the Division's Administrator or the CAO Privacy Officer at the phone number or mailing address provided in Section VI of this Notice. Requests for amendments must be in writing. We will generally comply with your request, unless:
   - We believe the information is accurate and complete;
   - We cannot locate the record of the information you have asked us to change, but we did not create or author it; for example, your medical records from another doctor were brought to us and incorporated into our own medical records;
   - The information is not part of the designated record set or otherwise unavailable for inspection.

8. Right to an Accounting. You may request an accounting of certain disclosures we have made of your Health Information within the period of six (6) years from the date of your request for the accounting. The first accounting you request within a period of twelve (12) months is free. Any subsequently requested accountings may result in a reasonable charge for the accounting statement. Please contact the Division's Administrator if you wish to request an accounting of disclosures. We will generally respond to your request within thirty (30) days from receipt of the request.

IV. OUR DUTIES.

We are required by law to maintain the privacy of your Health Information and to abide by the terms of this Notice. We are also required to abide by the terms of this Notice. HIPAA generally does not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections than those provided under HIPAA. Therefore, to the extent state law applies that is more stringent than HIPAA, we may be required to operate under that applicable state privacy standard.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information, even if it was created prior to the change in the Notice. If we change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where individuals seeking services from us will be able to read the Notice, as well as on our website provided in Section VII of this Notice. You may obtain the new Notice in hard copy form at any time. If you wish to request copies of your Health Information from us, we may charge you a reasonable fee for paper copies of your Health Information or the amount of our reasonable labor costs for a copy of your Health Information in an electronic format.

V. COMPLAINTS TO THE GOVERNMENT.

You may make complaints to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights with respect to your Health Information have been violated. We will not retaliate against you for any complaint you make to the Practice or to the government about our privacy practices.

VI. CONTACT INFORMATION.

You may contact us at the following address:

Centers for Advanced Orthopaedics
6800 Democracy Blvd., Suite 504, Bethesda, MD 20817
Ph: 301-637-8713 | Fax: 301-547-3366

You may request an accounting of certain disclosures we have made of your Health Information within the period of six (6) years from the date of your request for the accounting. The first accounting you request within a period of twelve (12) months is free. Any subsequently requested accountings may result in a reasonable charge for the accounting statement. Please contact the Division's Administrator if you wish to request an accounting of disclosures. We will generally respond to your request within thirty (30) days from receipt of the request.

VII. ELECTRONIC NOTICE.

This current version of this Notice of Privacy Practices is also available on our web page at www.caorho.com.