

**Orthopaedic Knee, Shoulder and Sports Surgery  
San Antonio Hand to Shoulder Orthopaedic Center  
Michael M. Heckman, M.D., P.A.  
Mark A. Katz, M.D.**

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**NOTICE OF PRIVACY PRACTICES**

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

**Purpose of Notice**

Orthopaedic Knee, Shoulder and Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center is required by both federal and state law, as pertaining to the Health Insurance Portability and Accountability Act of 1996 (the "Privacy Regulations"), to protect the privacy about a patient or a patient's health information. In addition, we are required to provide you with this Notice of Privacy Practices (the "Notice") regarding our legal obligations with respect to our privacy practices concerning your protected health information and to abide by the terms of its Privacy Notice currently in effect. This Privacy Notice is intended to describe both the obligations of this practice with respect to information that it has about you and your rights with respect to that information. Reference to "Orthopaedic Knee, Shoulder and Sports Surgery/San Antonio Hand to Shoulder Orthopaedic Center" or Michael M. Heckman, M.D. or Mark A. Katz, M.D. in this Notice refers to the "Practice" that has protected health information about you. Our employees, staff, and the other healthcare professionals providing services to you in our office are subject to this Notice of Privacy Practices.

**What is Protected Health Information?**

Health information is broadly defined as any information, whether oral or recorded in any form or medium that is created or received by this Practice whether the information relates to your past, present or future physical or mental health or condition, the provision of healthcare to you, or the past, present or future payment for the provision of healthcare to you. Individually identifiable healthcare information is information that includes health information and also includes demographic information collected from you that identifies you or which reasonably can be used to identify you. This is generally referred to throughout this Notice as *protected health information* or "*PHI*." The Practice is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice setting forth our legal duties with respect to your PHI.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Permitted Uses and Disclosures.** You will be asked to sign a consent acknowledging your receipt of this Privacy Notice. The consent will allow the Practice to use and disclose your PHI for your treatment, to obtain payment for the services rendered to you by the Practice, and to assist us in our healthcare operations.

**a. Treatment.** We may use and disclose your PHI as necessary for your treatment. For example:

- Our medical records personnel may review your chart to ensure that all laboratory and other tests results have been properly placed in your chart prior to your visit.
- Our nurses or the physician may communicate with laboratory or other testing facilities to review test results prior to your visit.
- Doctors in this office may discuss your case among themselves or may review your medical treatment with referring physicians or physician specialists to whom they have referred you for care.
- Personnel in this office may discuss your medical information with a hospital or other healthcare facility where you are being admitted or being treated, or we may discuss this information with another healthcare provider who is treating you at such a facility.
- The Practice may use a sign in sheet in the waiting area, which other patients may see.
- The Practice may announce the names of patients in the waiting area, and other people in that area may hear your name.
- The Practice may leave voice messages on your home answering machine or send postcard or other appointment reminders.
- The Practice may disclose health information to a pharmacy when we order a prescription for you.
- Other types of treatment uses or disclosures may be made even if not listed above.

**b. Payment.** We may use and disclose your PHI in order to obtain payment for the services rendered to you. For example:

- The Practice may submit your PHI to your insurance company in order to receive reimbursement for services rendered to you.
- To facilitate reimbursement, the Practice may provide supplemental information to your health insurance company in order to verify the medical necessity of the care that you have obtained.
- The Practice may submit information to your health insurer in order to coordinate benefits with other health insurance or public benefits that may be available to you.
- The Practice may provide consumer reporting agencies with credit information regarding your payment history.
- The Practice may provide information to collection agencies or our attorneys for purposes of obtaining payment of delinquent accounts.
- Your PHI may be disclosed in a legal action for purposes of securing payment of delinquent accounts.
- Other types of payment uses and disclosures may be made even if not listed above.

**c. Healthcare Operations.** We may use and disclose your PHI for the healthcare operations of this practice. For example:

- Peer review.
- Quality assessment activities.
- Utilization reviews.
- Auditing.
- Medical education and training activities.
- Disease management programs.
- Accreditation and certification activities.
- Business planning and development activities.
- Financial planning projections.
- Monitoring for compliance and other legal matters.
- General business matters.
- Other types of uses and disclosures may be made for healthcare operations even if not listed above.

**Uses and Disclosures Based Upon Your Written Authorization.** Other uses and disclosures of your PHI, that are not of the general types permitted pursuant to the terms of this Privacy Notice, will be made only with your written authorization, unless otherwise permitted or required by law as described in the sections below. In addition, the law of Texas, as applicable, may require your written authorization in certain circumstances. If your records are governed by Texas law, the Practice will also obtain your authorization to the extent required by applicable law, prior to disclosing any mental health records or any HIV-related diagnosis and treatment information or drug and alcohol treatment records about you; there are certain purposes, however, for which such information may or must be disclosed without your authorization. You may revoke that authorization, at any time, in writing, except to the extent the Practice has taken action in reliance on the use or disclosure indicated in the authorization.

**Individuals Involved in Your Care.** Unless you object, we are permitted to use and disclose your PHI without your written authorization to a spouse, family member, a close personal friend or any other person identified by you, such as a nurse or home healthcare worker, if the information is directly relevant to that person's involvement in your care or treatment. We may also discuss your care with your personal representative or someone who has your healthcare power of attorney. You must be notified in advance of this use or disclosure and have the opportunity to verbally agree or object. If you are unable to agree to or object to such a disclosure, we may disclose such information, as necessary, if the Practice determines that it is in your best interest, based on our professional judgement. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Other Uses and Disclosures Without an Authorization or Opportunity to Verbally Agree or Object.** With regards to the following examples under the Privacy Regulations, we are permitted to use and disclose your PHI without your consent, authorization, or opportunity to verbally agree or object. Subject to conditions specified by law:

- Disclosures to Federal or State Agencies.** The Practice will continue to make required disclosures to federal and state agencies, such as the Social Security Administration or state agencies for applications for federal or state benefits for care or payment for care.
- Required by Law.** The Practice may use and disclose PHI when required by federal, state or local law to comply with mandatory reporting requirements, such as those involving births, deaths, child abuse, disease prevention and control, driving impairment, vaccine-related injuries, medical device-related deaths, gunshot wounds and other similar incidences that we are required to report.
- Workers' Compensation Insurers.** The Practice may disclose your PHI to workers' compensation insurers, state administrators, employers and other persons or entities involved in the workers' compensation system and similar proceedings.
- Your Legal Matters.** The Practice may use and disclose your PHI in response to court or administrative proceedings if you are involved in a lawsuit or a similar matter. We may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in a dispute, but only if we have received satisfactory assurances that the party seeking your PHI has made a good faith effort to inform you of the request to provide you with an opportunity to object.
- Public Health and Safety Matters.** The Practice may use and disclose your PHI for public health activities, including reporting communicable diseases, child abuse and neglect reports, FDA (Food and Drug Administration)-related reports and disclosures, public health warnings to third parties regarding risk of communicable diseases or conditions, reports regarding victims of abuse, neglect or domestic violence, reports of elder abuse to the applicable governmental authority, reports of abuse of a nursing home patient to the applicable governmental authority, reports to health oversight entities such as a drug enforcement agency, reports to prevent or lessen a serious and imminent threat to safety of a person or the public, or compliance with judicial and administrative proceedings.
- Law Enforcement Matters.** The Practice may disclose your PHI for law enforcement purposes, such as compliance with legal process, search warrants, identification of crime victims, reports of death suspected to have resulted from criminal activities, information regarding crimes, emergencies, reports regarding identification of deceased patients, cause of death, providing information to funeral directors necessary to carry out their operations, information relating to threats to public safety, or specific government functions such as military and veterans activities, national security and intelligence and similar law enforcement matters.

- g. Organ and Tissue Donation.** The Practice may use your PHI in order to facilitate organ, eye, and tissue donation and transplantation, including to those entities engaged in procuring and banking of such items.

**Uses and Disclosures to Business Associates.** The Practice may engage a certain persons or organizations to perform certain functions of our practice on our behalf, and we may disclose certain health information to these persons as Business Associates. A Business Associate is defined under the Privacy Regulations as an individual or entity under contract with us to perform or assist us in a function or activity which requires the use of your health information. For example, we may share certain PHI with our billing company in order to facilitate our healthcare operations or payment for services provided in connection with your care. In this connection, we will require our Business Associates to enter into an agreement to keep your PHI confidential and to abide by the terms set forth in this Privacy Notice. Additional Business Associates include, but are not limited to, consultants, accountants, lawyers, and medical transcriptionists.

**Incidental Disclosure.** Certain disclosures may occur incidentally. For example, conversations regarding your medical care may be overheard by other persons or patients in the office or someone may view your name on the sign-in sheet in the waiting area. The Practice will use its best efforts to limit these disclosures, but the efficient delivery of medical care in our office setting will not permit incidental disclosures to be totally eliminated.

**Research.** The Practice may use your PHI for research purposes if we have de-identified the information so that the information provided could not reasonably be associated with you. Our personnel may use your PHI in the process of de-identifying your PHI for this purpose. For all other types of research, we will usually ask for your authorization before using your PHI for research purposes. However, we may use and disclose your PHI without authorization if the applicable institutional review board that oversees research involving human subjects has waived the authorization requirement.

## **YOUR PRIVACY RIGHTS**

**Restrictions on Use.** You have the right to request restrictions on uses or disclosures of your PHI to carry out treatment, payment, and healthcare operations, but the Practice is not required to agree to such requested restrictions. To request a restriction, you must submit a written request to our privacy officer. The request must state (i) what information you want restricted and (ii) to whom the restriction should apply.

**Confidential Communications.** You have a right to request that the Practice communicate your PHI to you by reasonable alternative means or alternative locations. For example, you have the right to request that we contact you only at work or only by mail. To make such a request, you must (i) make your request in writing, (ii) the request must specify the alternative address or other method of payment, if applicable, and (iii) information as to how payment will be handled if the request would vary the way in which the Practice routinely handles payment issues. We are not required to agree to requests for confidential communications that are unreasonable. We will not ask you for an explanation of why you are requesting alternative means of communication.

**Right of Access to Your Health Information.** You have the right of access to inspect and obtain a copy of your PHI in the medical and billing records that the Practice maintains about you and records that we use to make decisions about your care. This right may be subject to certain limitations, and we may impose upon you reasonable charges associated with the copying. To exercise your rights of access, (i) you must submit a written request to our privacy officer, (ii) the request must state how you want to retrieve the information, such as by mail, pick up, etc., (iii) the request must include the mailing address, if applicable, and (iv) the request must be accompanied by the applicable copying charge. Access to your PHI may be temporarily suspended if you are participating in a research study that includes treatment, and your consent to participate in the research provides for denial of access during the research. As such, your right of access will be reinstated upon completion of the research.

**Amendment of Your Health Information.** You have the right to request that we amend your medical and billing record that we maintain about you and records that we use to make decisions about your care. The Practice has the right to deny your request if (i) we did not create the record (unless you provide us a reasonable basis to believe that the originator of the PHI is no longer available to act on the request), (ii) the information requested to be amended is not part of your records, (iii) the information would not otherwise be subject to a right of access, or (iv) the information is accurate and complete. Requests to amend your PHI must be made in writing and must set forth the reason why you believe the amendment is warranted or appropriate. Within sixty days of your written request for an amendment of your PHI, we will either (i) implement the amendment and notify you in writing of this and take reasonable efforts to inform others who may have received the PHI about the amendment, or (ii) notify you in writing of the reasons why we are either unable to implement the requested amendment (including a statement of your rights in connection with the denial) or inform you of our need for an additional thirty days within which to make a determination and the reasons for such an extension.

**Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of disclosures of your PHI made by this practice for a period of six (6) years prior to the date of your request (but only for disclosures on or after April 14, 2003). The accounting will not include disclosures for payment, treatment, and healthcare operations as described in Section A1 of this Notice, disclosures to you, disclosures incident to other uses or disclosures that are permitted without your prior authorization, disclosures pursuant to your authorization, disclosures to persons involved in your care, disclosures for national security purposes, to correctional institutions or law enforcement officials, or when your PHI is de-identified and used for research purposes. The first accounting you request within a 12-month period is free of charge, but you will be charged a fee of \$20 for each subsequent accounting you request within a 12-month period.

**Right to Receive a Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices. To obtain a copy, you may request one from the front desk at any office visit.

#### **ADDITIONAL INFORMATION**

**Contact Information and How to Report a Complaint.** If you believe that your privacy rights have been violated, you may submit a complaint to our Practice or to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. To file a complaint with the Practice, our Privacy Officer may be contacted during our regular business hours at (210)-558-4600. All complaints must be submitted to the Practice in writing at 9510 Huebner Road, Suite 330, San Antonio, TX 78240. The Practice will not retaliate against you for filing a complaint.

**Changes to this Notice.** We reserve the right to change the terms of this Privacy Notice and to make new provisions effective for all PHI that we maintain, including PHI that we maintain at the time of the change. If we change our policies, we will post our revised Notice of Privacy Practices in our waiting room and make copies available to all patients upon request. Patients may also receive a copy of our privacy policies at any time by contacting our Privacy Officer.

**Effective Date.** The effective date of this notice is April 14, 2003.