

CHATTANOOGA BONE & JOINT SURGEONS, P.C.

Chattanooga, Tennessee

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 IT CAREFULLY.

I. TO WHOM THIS NOTICE APPLIES

This notice describes Chattanooga Bone & Joint Surgeons, P.C.'s practices and that of:

- Any health care professional who treats or cares for patients at Chattanooga Bone & Joint Surgeons, P.C. and is authorized to enter information into your medical record.
- All employees, staff and other personnel of Chattanooga Bone & Joint Surgeons, P.C.
- All students, trainees or volunteers at Chattanooga Bone & Joint Surgeons, P.C.
- Any vendors or independent contractors who have access to medical information of Chattanooga Bone & Joint Surgeons, P.C.'s patients.
- Those persons listed above follow the terms of this notice. In addition, these persons may share medical information with each other for treatment, payment or health care operations purposes or for other purposes described in this notice.

II. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. This notice applies to all of the records of your care, including medical records and billing records, generated by Chattanooga Bone & Joint Surgeons, P.C. This notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that we maintain the privacy of your medical information by not using or disclosing such information in an inappropriate manner that is not required or permitted by the law;
- give you this notice of our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the most current notice.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

A. Uses and Disclosures for Treatment, Payment or Health Care Operations

1. For Treatment. We may use and disclose medical information about you to provide you with medical treatment or services. We may consult with other health care providers about your health care or may refer you to another health care provider for treatment. For example, Chattanooga Bone & Joint Surgeons, P.C. may disclose your medical information to a specialist to whom you have been referred to ensure that the specialist has the necessary information to diagnose and/or treat you. After we treat you, we also may disclose your medical information to people outside Chattanooga Bone & Joint Surgeons, P.C. who may be involved in your medical care to provide services that are part of your care.
2. For Payment. We may use and disclose medical information about you so that the treatment and services you receive at Chattanooga Bone & Joint Surgeons, P.C. may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your

health plan information about surgery we performed so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

3. For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate Chattanooga Bone & Joint Surgeons, P.C. and to make sure that all of our patients receive quality

care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific patients.

4. Appointment Reminders. We may use and disclose medical information in order to contact you and remind you of a scheduled appointment.
5. Treatment Alternatives. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
7. Patient Satisfaction Survey. We may use and disclose medical information to contact you about the satisfaction of the care that you received as a patient.
8. Post-Discharge Follow Up. We may use and disclose medical information to contact you after your treatment to determine if you have any questions or concerns about any instructions or about the care you received.

B. You Must First Have an Opportunity to Object to Some Uses and Disclosures

We may release medical information about you to a friend or family member who is involved in your medical care, and we may also give information to someone who helps pay for your care, unless you object in whole or in part. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You can object to these disclosures by telling us that you do not wish any or all individuals involved in your care to receive this information. If you cannot agree or object, then we will use our professional judgment to decide whether it is in your best interest that we make such disclosures. The opportunity for you to object may be given retroactively in emergency treatment situations.

C. Other Uses and Disclosures

1. As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.
2. Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report vital events such as births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- to notify an employer, in limited circumstances, of information related to medical surveillance of a workforce, or related to evaluations of whether you have suffered a work-related illness or injury; and
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
3. Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with applicable civil rights laws.
 4. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process issued by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
 5. Law Enforcement. We may release medical information if asked to do so by a law enforcement official for the following law enforcement purposes:
 - In response to a court order, or court-ordered warrant, or a subpoena or summons issued by a judicial officer or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at our facility; and
 - In certain emergency circumstances to report a crime, the location of the crime or victims, or the identity, description and/or location of the person who committed the crime.
 6. Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
 7. Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
 8. Medical Research. Under certain circumstances, we may use and disclose medical information about you for research purposes, provided that an institutional review-board authorized by law or a privacy board waives the authorization requirement. We also may disclose medical information about you to researchers to prepare a research project or to conduct research on decedents if the researcher makes certain representations regarding the need and use of the information to be disclosed.
 9. To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you, in a manner which is consistent with applicable laws, when necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public or of another person. Any disclosure, however, would only be to someone able to help prevent the threat. We may also use and disclose your medical information to law enforcement authorities when necessary to identify or apprehend an individual.
 10. Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authorities.
 11. National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

12. Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or may be able to conduct special investigations.
13. Workers' Compensation. We may release medical information about you to the extent necessary for workers' compensation or similar programs established by law. These programs provide benefits for work-related injuries or illness.
14. Inmates. We may disclose your medical information to a correctional institution or a law enforcement official having lawful custody of you if the requestor represents that the information is necessary (1) to provide health care to you; (2) for the health and safety of other inmates; (3) for the health and safety of the officers and employees of the correctional institution or the people responsible for transporting the inmates; (4) for law enforcement on the premises of the correctional institution; or (5) for the administration and maintenance of safety, security and good order at the correctional institution.

D. All Other Uses and Disclosures Require Your Prior Written Authorization

Other uses and disclosures of medical information not covered by this notice or by the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you (for purposes not covered by this notice or by law), you may revoke that authorization, in writing, at any time. If you revoke your

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 - In response to a court order, or court-ordered warrant, or a subpoena or summons issued by a judicial officer or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at our facility; and
 - In certain emergency circumstances to report a crime, the location of the crime or victims, or the identity, description and/or location of the person who committed the crime.
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8. Medical Research. Under certain circumstances, we may use and disclose medical information about you for research purposes, provided that an institutional review-board authorized by law or a privacy board waives the authorization requirement. We also may disclose medical information about you to researchers to prepare a research project or to conduct research on decedents if the researcher makes certain representations regarding the need and use of the information to be disclosed.
9. To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you, in a manner which is consistent with applicable laws, when necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public or of another person. Any disclosure, however, would only be to someone able to help prevent the threat. We may also use and disclose your medical information to law enforcement authorities when necessary to identify or apprehend an individual.
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someone who is involved in your care or in the payment for your treatment, such as a family member or friend. For example, you could ask that we not disclose information about a surgery that you had to a relative.

We are not obligated to agree to your request for a restriction. If we do agree, however, we will comply with your request unless the information is needed to provide emergency health care to you.

If you wish to request a restriction, you must send your request in writing to the attention of our Privacy Officer at 1809 Gunbarrel Road, Suite 101, Chattanooga, Tennessee 37421. Your request must set forth (1) what information you wish to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you wish the limits to apply (i.e., your spouse). Our Privacy Officer will review your request and notify you as to whether or not we will agree to your requested restriction.

E. Right to Request Confidential Communications.

You have the right to request that you receive communications involving your medical information or treatment from us in alternative means or at alternative locations. For example, you can ask that we only contact you by calling you at work or by mailing information to a certain address.

To request confidential communications, you must make your request in writing to the attention of our Privacy Officer at 1809 Gunbarrel Road, Suite 101, Chattanooga, Tennessee 37421. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must set forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. When appropriate, we may condition the provision of an alternative accommodation upon receiving information relating to how payment, if any, will be received.

F. Right to a Paper Copy of This Notice.

You have the right to request and receive a paper copy of this notice from us at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, contact our Privacy Officer at (423) 893-9020.

V. CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice at any time. The revised or changed notice will apply to all medical information we already have about you as well as any information we receive or create in the future. A current copy of the notice will be posted in our facility. In addition, each time you register or sign in to be treated at our facility, we will make a copy of the current notice available to you.

VI. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Chattanooga Bone & Joint Surgeons, P.C. or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at (423) 893-9020. All complaints must be submitted in writing.

You will not be penalized or retaliated against for filing a complaint!

VII. PERSON TO CONTACT ABOUT THIS NOTICE

If you have any questions or wish to receive additional information about the mailers covered by this notice, please contact our Privacy Officer at (423) 893-9020.

VIII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.