

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

At Summit Orthopedics, Ltd.,¹ we are committed to treating and using protected health information (health information) about you responsibly. This Notice of Privacy Practices describes how health information that we have about you (such as your medical records and billing and insurance information) may be used or disclosed by us. It also describes your rights as they relate to your health information.

QUESTIONS? If you have questions about this Notice or need additional information, please contact the Summit Orthopedics HIPAA Privacy Officer at (651) 968-5680 or hipaaprivsec@summitortho.com.

USE AND DISCLOSURES: To provide quality care, we have certain needs to use and disclose your health information. We are allowed to use your health information for treatment, payment, health care operations and other purposes listed below without your written consent or authorization (written permission). Other than for emergency treatment or as otherwise permitted under HIPAA and Minnesota law, however, we will only disclose your health information with your written permission. We will not use or disclose your health information for marketing or sales without your written permission. Our primary uses and disclosures of health information include:

- **Treatment.** We may use and disclose your health information to provide, coordinate or manage your health care and any related services. For example, our doctors, nurses, technicians, and other personnel may use your health information to provide you with medical services. We may disclose your health information to another provider for consultation with or treatment by that provider.
- **Payment.** We may use and disclose your health information to obtain payment from you, a health plan or an insurance company, or another third party for the treatment and services you receive. For example, we may disclose your health information to your health plan to determine your eligibility or coverage for insurance benefits. We may disclose your health information to a health plan or provider for their payment activities.
- **Health Care Operations.** We may use or disclose your health information for our internal operations, including activities necessary to operate our sites or programs. For example, we may use your health information for our quality improvement program, to evaluate the care or other services provided to you. We may also use your health information to evaluate the skills and qualifications of our health care providers, or to resolve internal grievances. We may disclose your health information to a health plan or provider for certain of their health care operation activities.

OTHER PERMITTED USES AND DISCLOSURES: We may use and/or disclose your health information in a number of other circumstances. Those circumstances include:

- **Appointment Reminders and Treatment Alternatives.** We may use your health information to send you appointment reminders. We may contact you with information about new or alternative treatments or other health care services.
- **Business Associates.** We may share your health information with third parties that perform various services for us, such as billing or copying services. Business associates are also required to safeguard your health information.

- **Patient Information Directory.** Unless you object, we may disclose information about you to people who ask about you by name. The information we may disclose includes your location in our facility and your general condition. In addition, we may disclose your religious affiliation to members of the clergy.
- **Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care regarding your location and general condition.
- **People Involved in Your Care.** Unless you object, health professionals, using their best judgment, may disclose to a family member or friend, or any other person you identify, health information relevant to that person's involvement in your care or payment for your care.
- **Workers' Compensation.** We may disclose health information as required to comply with workers' compensation laws.
- **Research.** We may use and disclose your health information for purposes of medical and scientific research and will obtain your consent when required.
- **Death and Organ Donation.** We may disclose certain health information about a deceased person to the next of kin or to a funeral director, coroner, medical examiner or law enforcement official. If you are an organ donor, we may also disclose your health information to entities involved with obtaining, storing, or transplanting organs for donation purposes.
- **Food and Drug Administration (FDA) Regulation.** We may disclose health information to entities regulated by the FDA related to the quality, safety and effectiveness of their products.
- **Fundraising Activities.** We may contact you to raise money for our organization and its operations. You have the right to opt out of receiving fundraising communications.
- **Public Health.** We may use and disclose health information to public authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic abuse; and reporting disease or infection exposure.
- **Correctional Facility.** We may disclose the health information of an inmate or other person in custody to law enforcement or a correctional institution.
- **Law Enforcement.** We may disclose health information to law enforcement officials for the following reasons: in response to a court order, subpoena, warrant, summons or similar process or required by law; to find a suspect, fugitive, material witness or missing person; about victims or suspected crime victims; concerning a death that may have been due to criminal activity; about criminal activity at one of our facilities; or in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.
- **Military Authorities/National Security.** We may disclose health information to authorized people from the U.S. military, foreign military and U.S. national security or protective services.
- **As Required by Law.** We will use and disclose health information when required to do so by law, including responding to a court order.
- **To avert a serious threat of harm.** We may use and disclose health information to alert those able to prevent or lessen a serious and immediate threat to the health or safety of a patient, another person or the public.
- **To Agencies Responsible for Health Oversight Activities.** We may disclose health information to agencies responsible for monitoring providers in the health care system and compliance with government programs and laws.
- **For Disaster Relief Purposes.** We may disclose health information to entities authorized by law or charter to assist in disaster relief efforts.

YOUR WRITTEN PERMISSION: When we are required to get your written permission for a use or disclosure of your health information, we will obtain this through a consent or authorization form. If you give written permission, you may withdraw it at any time by notifying the Summit Orthopedics HIPAA Privacy Officer in writing. You understand that we are unable to take back any uses and disclosures that we have already made with your permission, and that we are required to retain our records of the care or services that we have provided to you.

YOUR HEALTH INFORMATION RIGHTS: You have the right to the following with respect to your health information:

- Request restrictions on certain uses and disclosures of your health information. We are not required to agree to a requested restriction.
- Request that we not share information with your health insurer about a service for which you have paid in full. We are required to agree to this unless a law requires us to share the information.
- Receive confidential communications of your health information by alternative means or at alternative locations. We are required to agree to all reasonable requests.
- Inspect and obtain a paper or electronic copy of your health information. We may charge a reasonable cost-based fee. We may decline your request only under limited circumstances. If we do not agree to your request, you will receive a written denial notice and have review rights.
- Submit a written request to correct your health information. We are not required to agree to correct your health information (for example, if we determine the health information is accurate). If we do not agree to your request, you will receive a written denial notice and have the right to submit a statement of disagreement.
- Receive an accounting of disclosures of your health information other than for treatment, payment or health care operations and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free. Otherwise we will charge a reasonable cost-based fee.
- Receive a paper copy of our current Notice of Privacy Practices upon request.

OUR OBLIGATIONS: Summit Orthopedics is required to:

- Maintain the privacy and security of your health information.
- Let you know if a breach occurs that may have compromised the privacy or security of your information as required by law.
- Follow the duties and privacy practices in this notice and give you a copy of it.

CHANGES TO THIS NOTICE: Summit Orthopedics reserves the right to change our practices (and this notice) and to make the changes effective for all protected health information we maintain. A revised notice will be available on request, in our office and will be posted on our website.

QUESTIONS AND COMPLAINTS: If you have questions or would like additional information, you may contact the Summit Orthopedics HIPAA Privacy Officer at (651) 968-5680 or hipaaprivsec@summitortho.com.

If you believe your privacy rights have been violated, you may file a complaint with the Summit Orthopedics HIPAA Privacy Officer at (651) 968-5680 or with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

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

¹Summit Orthopedics, Ltd. includes its clinics, surgery centers, diagnostic imaging centers, recovery suites, bracing and orthotics, the components of Minnesota Occupational Health that are subject to HIPAA, and the Woodbury Ambulatory Surgery Center, LLC.