

JON G MCLENNAN MD, INC  
ORTHOPAEDIC SURGERY AND SPORTS MEDICINE  
HIPAA PRIVACY NOTICE

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

This Notice of Privacy Practices describes how we may use and disclose any information, whether created or received by us that identifies you and relates to your health, your health care, or payment for your health care. This Notice also describes your rights to access and control your health information.

#### Our Duties

We are required by law to maintain the privacy of your health information and to provide you with this Notice outlining our privacy practices. We are required to abide by the terms of this Notice; however, we reserve the right to change the terms of this Notice at any time. Upon your request, we will provide you with a copy of any revised Notice of Privacy Practices. We will also post a copy of the current Notice at our offices and on our website.

#### Disclosures of Health Information

We will use your health information for purposes of providing treatment, obtaining payment for treatment, conducting health care operations, and any other use required by law. Any other use or disclosure will be made only with your signed written authorization. You may revoke your authorization in writing at any time, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

We will use or disclose your health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party provider involved in your care. For example, we may disclose your health information to a pharmacy to fill a prescription or to a laboratory to perform a blood test.

We will use or disclose your health information to obtain payment for the services we provide. For example, we may need to disclose health information to your health insurance company to get prior approval for surgery, to determine whether you are eligible for benefits, to determine if a particular service is covered under your health plan, or to obtain payment for the services we provide to you.

We will use or disclose your health information for our own health care operations. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing or credentialing activities, legal services, maintaining compliance programs, training of medical students, marketing activities, business management and general administrative activities. For example, our quality improvement committee may use information in your medical record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality of the care and service we provide.

We will disclose your health information when we are required to do so by any federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It also includes reporting certain information regarding products and activities regulated by the federal Food and Drug Administration. It may also include notifying people who have been exposed to a disease.

We will notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

We will disclose your health information to government agencies that oversee the health care system for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

We will disclose your health information in response to a court order or in response to a subpoena if we receive satisfactory assurances that you have been notified of the request.

We will disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.

We will disclose your health information to coroners, medical examiners, and/or funeral directors consistent with the law.

We will disclose your health information for organ, eye, or tissue donation.

We will disclose your health information for research purposes, but only as permitted by law.

We will disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

We will disclose the health information of members of the armed forces as authorized by military command authorities. We will also disclose your health information for a number of other specialized purposes to the extent required by law.

We will disclose your health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

We will disclose your health information to a member of your family, a relative, a close friend or any other person you identify. You have the opportunity to verbally agree to or object to the use or disclosure of all or part of your health information. If you are not present or able to agree or object to the use or disclosure of your health information, then we will disclose your health information only if we determine the disclosure is in your best interest and relevant to your care.

#### Your Rights

You have the following rights regarding your protected health information:

You have a right to inspect health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. If you want to review or receive a copy of these records, you must make the request in writing, you must state that you are requesting access to your protected health information, and either you or your representative must sign the request. We may charge a fee for the cost of copying and mailing the records. We may also deny you access to certain information. If we do, we will inform you of the reason, in writing, and explain how you may appeal the decision.

You have the right to request restrictions on the disclosures of your health information. Your request must describe in detail the restriction you are requesting. We will then consider your request and determine whether we can accommodate the request. We cannot agree to restrict disclosures that are required by law.

If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by special means. We will agree to any reasonable request; however, requests for confidential communications must be in writing, must state that the disclosure of the health information could endanger you, must be signed by you or your representative, and must be directed to our Privacy Officer.

You may request an amendment of the information contained in the medical record for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. Requests for amendment must be in writing, must provide a reason to support the amendment, and must be directed to our Privacy Officer.

You have a right to receive an accounting of certain disclosures of your information. This accounting will list the times we have disclosed your health information, the dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first accounting at no charge, but a charge will be assessed for additional accountings requested. Requests for accounting must be in writing, must identify the time period you want the list to cover, must be signed by you or your representative, and must be directed to our Privacy Officer.

You have the right to obtain a paper copy of this notice.

If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of Health and Human Services or directly with us. All complaints must be in writing, must describe the situation giving rise to the complaint, and must be filed within 180 days of the date you know, or should have known, of the event giving rise to the complaint. You will not be subject to any retaliation for filing a complaint. For more information about this notice or our privacy policies, if you want to exercise any of your rights listed on this notice, or if you would like to request a copy of the current notice of privacy practices, please contact our privacy officer at the address listed below.

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