MEEKS & ZILBERFARB ORTHOPEDIC ASSOCIATES, P.C.

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.

We are required by law to maintain the confidentiality of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices, and abide by the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI without your written authorization for the following purposes:

1. **Treatment:** To provide, coordinate, or manage your orthopedic care and related services among your healthcare providers.
2. **Payment:** To bill and collect payment from you, your insurance company, or a third party for services rendered.
3. **Healthcare Operations:** To run our practice, improve quality of care, and contact you for appointment reminders.
4. **Required by Law:** When required to do so by federal, state, or local law.
5. **Public Health & Safety:** To public health authorities to prevent/control disease or injury; or to avert a serious, imminent threat to the health or safety of a person or the public.
6. **Lawsuits & Disputes:** In response to a court/administrative order, or a lawful subpoena (provided efforts are made to notify you or secure a protective order).
7. **Law Enforcement & Specialized Government Functions:** As permitted or required by law for law enforcement purposes; to military command authorities if you are a member of the armed forces; for national security/intelligence activities; or to correctional institutions if you are an inmate.
8. **Workers' Compensation:** To comply with workers' compensation or similar programs providing benefits for work-related injuries.
9. **Reproductive Health Care Privacy:** We will not use or disclose your PHI to investigate, prosecute, or impose liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care, nor to identify any person for such purposes.
10. **Substance Use Disorder (SUD) Records:** If we create, receive, or maintain records protected under federal substance use disorder patient privacy laws (42 CFR Part 2), we will not use or disclose those records for treatment, payment, or healthcare operations without your written consent, except as permitted by law.

11. **Written Authorization Required:** Your written authorization is required for uses/disclosures involving the sale of PHI, marketing, or other uses not described in this Notice. You may revoke an authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR PHI

1. **Confidential Communications:** Request that we communicate with you in a specific way or at a specific location (e.g., home phone or mail). We will accommodate reasonable requests.
2. **Request Restrictions:** Request limits on how we use or disclose your PHI for treatment, payment, or operations, or to family/friends. We are not required to agree, **except** if you request we restrict disclosure to a health plan for payment or operations, and the PHI pertains solely to a healthcare item or service for which you (or someone on your behalf) paid us in full out-of-pocket.
3. **Inspect and Copy:** Access and obtain a copy of your medical and billing records. Written requests must be sent to: Meeks & Zilberfarb Orthopedics, 1101 Beacon Street, Suite 5W, Brookline, MA 02446 or Faxed to : 617-232-6342. Reasonable, cost-based fees may apply.
4. **Request Amendment:** Request an amendment to your records if you believe they are incorrect or incomplete, for as long as we maintain the information. Request must be in writing to your treating physician at our office address and must provide a supporting reason.
5. **Accounting of Disclosures:** Request a list of certain disclosures we made of your PHI (excluding those made for treatment, payment, healthcare operations, or authorized by you). Submit requests in writing to our office address.
6. **Paper Copy:** Obtain a paper copy of this Notice at any time upon request.
7. **Breach Notification:** You have the right to, and will receive, notification of any breach of your unsecured PHI.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. The revised Notice will apply to all PHI we maintain. The current Notice will be posted in our office and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our office at the above address or call (617) 232-2663. All complaints must be submitted in writing. You will not be penalized for filing a complaint.