



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Arthroscopic Surgery Associates Notice of Privacy Practices. I understand that the Notice of Privacy Practices describes how Arthroscopic Surgery Associates may disclose and use my protected health information.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____

If signed by the patient's personal representative, indicate:

Name of signer: _____

Relationship to patient: _____

If acknowledgment not signed, indicate reason not signed and efforts made to have acknowledgment signed:

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you've been discharged from this facility.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff or members of the quality improvement team may use information in your health 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 and effectiveness of the healthcare and service we provide.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may call you by name in the waiting room when the physician is ready to see you. We may use or disclose your protected health care information, as necessary, to contact you to schedule or remind you of your appointment.

Business Associates: there are some services provided in our organization through contact with Business Associates. Examples include diagnostic services, lab test, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to a Business Associate so that it can perform the job we've asked it to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information.

Food and Drug Administration (FDA): We may disclose the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or Business 'associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.