



Daouk Orthopaedics LLC
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Daoukortho.com

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

At Daouk Orthopaedics, we believe your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This Notice describes the privacy practices of Daouk Orthopaedics. This Notice applies to all the health information that identifies you and the care you receive at Daouk Orthopaedics. Your health information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment.

Federal and state laws require Daouk Orthopaedics to protect your health information, and federal law requires us to describe to you how we handle that information. When federal and state privacy laws are different and conflict, and the state law is more protective of your information or provides you with greater access to your information, then we will follow state law. For example, where we have identified specific state law requirement in this notice, the referenced Daouk Orthopaedics location will follow the more protective state law requirements.

All these hospitals, doctors, entities, foundations, facilities, and services may share your health information with each other for reasons of treatment, payment, and health care operations as described below.

HOW DAOUK ORTHOPAEDICS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of Daouk Orthopaedics, we will use your health information within Daouk Orthopaedics and disclose your health information outside Daouk Orthopaedics for the reasons described in this notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment: We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at Daouk Orthopaedics who need the information to take care of you. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside Daouk Orthopaedics who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Payment: We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give

information about surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

Health Care Operations: We may use your health information and disclose it outside Daouk Orthopaedics for our health care operations. These uses and disclosures help us operate Daouk Orthopaedics to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at Daouk Orthopaedics for learning and quality improvement purposes. We may remove information that identifies you so people outside Daouk Orthopaedics can study your health data without knowing who you are.

Contacting You: We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health Information Exchanges: We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment.

Organized Health Care Arrangements: We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities.

Health-Related Services: We may use and disclose health information about you to send you mailings about health-related products and services available at Daouk Orthopaedics.

Public Health and Safety: We will disclose health information about you outside Daouk Orthopaedics when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health and safety reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. We also may disclose health information about you in the event of an emergency or for disaster relief purposes.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside Daouk Orthopaedics for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

Florida federal law, may require that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, genetic test results, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program. Florida law also requires your consent for certain disclosures of behavioral health records.

YOUR RIGHTS REGARDING HEALTH INFORMATION:

Right to Accounting: You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Daouk Orthopaedics has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and Daouk Orthopaedics facility that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the medical records department of Daouk Orthopaedics.

Right to Amend: If you feel that health information, we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify Daouk Orthopaedics facility that maintains those records, and give the reason for your request. We may deny your request; if we do, we will tell you why and explain your options. Daouk Orthopaedics will respond to you within 60 days. You must address your request to the Health Information Management [HIM] department of the Daouk Orthopaedics maintains the records you wish to amend

Right to Inspect and Obtain Copy: You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the HIM department of the Daouk Orthopaedics that maintains the records. We may charge a fee for processing your request. If Daouk Orthopaedics denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to the Daouk Orthopaedics Compliance Office at the following address: 7350 Sandlake Commons Blvd. Suite 1102, Orlando FL, 32819.

A request for a restriction must be signed and dated, and you must identify the Daouk Orthopaedics facility that maintains the information. The request should also describe the information you want

restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the HIM department of the Daouk Orthopaedics that maintains the information you want restricted. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify Daouk Orthopaedics is making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the HIM department of the Daouk Orthopaedics facility. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at any of our facilities or by calling Daouk Orthopaedics Office at 407-355-7478.

CHANGES TO THIS NOTICE

Daouk Orthopaedics may change this Notice at any time. Any change in the notice could apply to health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at each of our facilities and on our website. If you have any questions or concerns, please call our office at (407)-355-7478.

