MUIR ORTHOPAEDIC SPECIALISTS
A MEDICAL GROUP, INC.

PRIVACY NOTICE

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

Your confidential healthcare information may be released to other healthcare professionals or other treating physicians for the purpose of providing you with quality healthcare.

Your confidential healthcare information may be released to your insurance carrier and/or treating vendor for the purpose of the practice receiving payment for providing you with needed healthcare services.

Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.

Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.

Your confidential healthcare information may be released to a pubic health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).

Your confidential healthcare information may be released to certain parties only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.

You may be contacted by Muir Orthopaedic Specialists to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you. If you are not home, we may leave appointment information on your answering machine or in a message left with the person answering the phone.

We may use and disclose limited protected health information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

You have the right to restrict the use of your confidential healthcare information. However, Muir Orthopaedic Specialists may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.

You have the right to receive confidential communication about your health status.

You have the right to review any/all portions of your healthcare information upon written request within the timeframes set by California law.

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You have the right to request changes be made to your healthcare information.

You have the right to know if certain parties have accessed your confidential healthcare information and for what purpose.

You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.

Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.

Muir Orthopaedic Specialists is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients, upon request, with a list of duties or practices that protect confidential healthcare information.

Muir Orthopaedic Specialists will abide by the terms of this notice. The practice reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Any changes to this notice will be posted in our practice and on our website (www.muirortho.com) within 30 days of making any changes.

You have the right to file a complaint to Muir Orthopaedic Specialists if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the center:

ATTN: Katie Smith – Privacy Officer
Muir Orthopaedic Specialists
2405 Shadelands Drive, Suite 210
Walnut Creek, California 94598

All complaints will be investigated. No personal issue will be raised for filing a complaint with Muir Orthopaedic Specialists.

For further information about this Privacy Notice, please contact:

Katie Smith, Privacy Officer
Billing Manager
(925) 210-8570
privacy@muirortho.com

MOS Privacy Notice is effective as of 4/14/03.

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Acknowledgement of Receipt of Notice of Privacy Practices

I _____ (print name of patient) hereby acknowledge that I have received a copy of the MOS *Notice of Privacy Practices*. I understand that MOS has the right to change its *Notice of Privacy Practices* from time to time and that I may contact MOS at any time to obtain a current copy of the *Notice of Privacy Practices.*

Signature Patient/Guardian:_____Date:_____

Relationship to Patient:_____ Patient's DOB:_____

Office Use Only	
I have attempted to obtain the patient's signature on this form, but was not able to for the following reason:	
MOS Employee Signature:	Date:

Protected Health Information (PHI) Release Authorization

Persons who are involved in your care (spouses, children, friends, etc.) may inquire about your treatment, appointments, lab results, prescriptions, billing, medical records, x-rays, etc. Please let us know who we may share PHI with:

_____ (____)_____ _____
Name Phone Relationship

_____ (____)_____ _____
Name Phone Relationship

_____ (____)_____ _____
Name Phone Relationship

~PLEASE NOTE MOS WILL ONLY RELEASE PHI TO THE INDIVIDUALS LISTED ABOVE~

I, _____, acknowledge in signing this document that I am giving Muir Orthopaedic Specialists authorization to release or discuss PHI either in writing or verbally to the persons specified above. This authorization is good indefinitely from the signature date below unless otherwise revoked by me in writing and a copy placed in my records at Muir Orthopaedic Specialists.

Signature Patient/Guardian:_____Date:_____