



# Orthopaedic Associates of Kalamazoo

Robert S. Schaefer, M.D.  
Kurt Piatkowski, D.O.  
Tracy A. Smith, M.S., PA-C, AT-C

## SOCIAL SECURITY NUMBERS & DATES OF BIRTH ARE NECESSARY FOR BILLING INSURANCE

This office requires social security numbers for our patients as well as the patient's responsible party. The reason is based on the fact that we extend credit to you. In order for us to bill your insurance company rather than requesting payment in full at the time of service, we must have your (being the responsible party) social security number. If you do not wish to provide us with your social security number, you will be required to pay in full for the service we provide you or the patient.

On October 16, 2003, new government regulations went into effect regarding the submission of insurance claims. This is another step in the implementation of HIPAA (Health Information Portability and Accountability Act). We are now required to have more information about your claim. In addition to all the previous information requested, we now must have the policyholder's date of birth. We cannot file your insurance claim without this information. Your insurance company will not accept the claim unless it is complete. If you are unable to provide this information, you are responsible for payment for all services provided to the patient.

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

### USES AND DISCLOSURE

**Treatment** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of lab tests and procedures will be available in your medical record to all health professional who may provide treatment or may be consulted by staff members.

**Payment** Your health information may be used to seek payment from your health plan, or other source such as auto insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, services provided and medical condition being treated.

**Health Care Operations** Your health information may be used as necessary to support the day-to-day activities and management of Sports Medicine & Joint Care West Michigan. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law Enforcement** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government-mandated reporting.

**Public Health Reporting** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Victims of Abuse, Neglect or Domestic Violence** We can disclose protected health information to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

**Other Uses and Disclosures Require Your Authorization** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.



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## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (continued)

### YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the doctor's office. You have the following rights with respect to your Protected Health Information:

1. The right to request restrictions on the use and disclosure of your protected health information.
2. The right to receive confidential communications concerning your medical condition and treatment.
3. The right to inspect and copy your protected health information by providing a written request to our office. You may obtain a form from us and your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.
4. The right to amend or submit corrections to your protected health information. If we deny this request to amend, you may file a statement of disagreement and require that this be attached in all future disclosures.
5. The right to receive an accounting of how and to whom your protected health information has been disclosed.
6. The right to receive a printed copy of this notice.

### DUTIES OF SPORTS MEDICINE & JOINT CARE WEST MICHIGAN

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies that are outlined in this notice.

**Right To Revise Privacy Practices** As permitted by law, we reserve the right to amend or modify our privacy practices and policies. These changes in our practices and policies may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**To Request Information or File a Complaint** If you would like to submit a comment or complaint about our policy practices or if you feel that your privacy rights have been violated, you can bring this to our attention by sending a letter to our office that outlines your concerns. You will not be penalized or otherwise retaliated against for filing a concern or complaint. The address that such a letter should be delivered to is:

**Sports Medicine & Joint Care West Michigan  
Robert S Schaefer, M.D.  
3810 West Centre Ave.  
Portage, MI 49024**

Additionally, you may file a written complaint to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601



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## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

I acknowledge that I have received the above Privacy Notice.

Patient Name Printed: \_\_\_\_\_

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_\_  
Date

If personal representative's signature appears above, please describe their relationship to that patient:

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