



SOUTHERN BONE & JOINT SPECIALISTS, P.A./SOUTHERN SURGERY CENTER, LLC

JOINT NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This Notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please read it carefully.

Southern Bone and Joint Specialists, P.A. (SBJ) and Southern Surgery Center, LLC (SSC) are dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. SBJ and SSC are required by law to abide by terms of this Notice, making any revision applicable to the PHI we maintain. If we revise the terms of this Notice, we will post a revised Notice at the office and will make paper copies of this Notice or Privacy Practices. Your PHI is available for review upon request.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED

We will use your medical information (MI) as part of rendering patient care. For example, your MI may be used by the health care professional treating you, by the business office to process your payment for the services rendered, and by administrative staff reviewing the quality and appropriateness of the care you receive.

We may also use and/or disclose your information in accordance with federal/state laws for the following:

- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you.
- We may disclose MI when required by the U.S. Department of Health and Human Services as part of an investigation or determination of the Practice's compliance with relative laws.
- Unless you object, we may use or disclose your MI to notify a family member, or other person responsible for your care, of your general condition or death.
- We may use or disclose your MI for public health activities, including the reporting of disease, injury, and the conduct of public health surveillance. We may disclose your MI concerning abuse, neglect, or violence in accordance with federal and state law.
- We may disclose your MI in the course of certain judicial or administrative proceedings.
- We may disclose your MI for law enforcement purposes/other specialized governmental functions.
- We may disclose your MI to a coroner, medical examiner or funeral director.
- If you are an organ donor, we may disclose your MI to an organ donation and procurement organization.
- We may use or disclose your MI for certain research purposes.
- We may use or disclose your MI to prevent or lessen a serious threat to health and safety of another, or the public.
- We may disclose your MI as authorized by laws relating to Workers Comp or other programs.

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you can revoke your authorization at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights with respect to your medical information:

- The right to request restrictions on certain uses and disclosures of your medical information. We are not required to agree to your requested restriction, but if we do, we will honor it.
- The right to receive communications from us in a confidential manner.
- The right to inspect and copy your medical information. The right is subject to certain specific exceptions and you may be charged a reasonable fee for any copies of your records.
- The right to request an amendment of your medical information. We may deny your request for certain specific reasons, and if denied, we will provide you with written explanation for the denial and information regarding further rights you would have at that point.
- The right to receive an accounting of the disclosures of your medical information in the six years prior to your request (following April 14, 2003), except for disclosure for treatment, payment, practice operational purposes, disclosures pursuant to an authorization, and certain other specific disclosure types.
- The right to request a paper copy of this Notice of Privacy Practices for Protected Health Information.
- The right to complain to the Practice and/or to the U.S. Department of Health and Human Services, if you believe that the Practice has violated your privacy rights. To complain to the Practice, please call: Compliance Officer at (601) 554-7400. If you choose to file a complaint, you will not be retaliated against in any way.

This Notice is effective as of April 14, 2003



POLICIES AND PROCEDURES

Thank you for choosing Southern Bone & Joint Specialists, P.A. (SBJ) and Southern Surgery Center, LLC (SSC) for your orthopaedic care. Below is a list of basic policies and procedures for our clinic and surgery center. Please review these policies and procedures.

PRESCRIPTIONS AND REFILLS

Pain management is an important concern of the majority of patients seen by SBJ and SSC. Monitoring of appropriate levels of pain medication must be done on an individual basis. For that reason, requests for medication refills are taken Monday – Thursday only. Prescriptions and refills will **not** be provided by the on-call physician at night, on Fridays, weekends, or holidays. Because prescription refills require authorization by the physician, we ask that you allow 24 hours to obtain refills. Please call your pharmacy instead of the office to check the status of a refill request.

When calling the office, please provide the name and phone number of the pharmacy and the medication requested.

APPOINTMENTS AND CANCELLATIONS

If you are a new patient or have not been here in six months, we ask that you provide us with some important information. This information will allow us to contact you if necessary and to assist us in filing insurance claims. If you have an Open MRI appointment and have been seen at our facility previously, please arrive at least 15 min. prior to your appointment time, while new patients should arrive at least 30 min. prior to the scheduled appointment time. If you are 15 min. past your appointment, it may be necessary to reschedule. If the cancellation is a surgery, 48 hours notice is required. If the cancellation is for the clinic, 24 hours notice is required.

INFORMATION

For questions or requests related to your appointment to see one of our physicians, please call SBJ at 601-554-7400. If you have questions or need information regarding your surgery scheduled at SSC, please call SSC at 601-554-7525. Please keep in mind that SBJ and SSC are separate entities. Therefore, you will receive separate billing statements from each company.

INSURANCE AND BILLING

Your insurance coverage plays a vital role in helping meet the costs of quality medical care. Our office will assist you by processing claims for most insurance groups. Remember, you are responsible for any deductible, coinsurance, or other balance not covered by your insurance carrier. For assistance or questions regarding insurance, please ask to speak with a patient account representative. If your medical condition requires completion of a disability claim, we charge a minimal fee for completing this form. You will need to allow our clinic two weeks to complete disability forms.

EMERGENCIES

If you experience an emergency medical situation which causes serious concern, go immediately to the nearest hospital emergency room. Please contact our office and your doctor will get in touch either directly or through the medical staff with instructions.

NARCOTIC / CONTROLLED SUBSTANCES INFORMED CONSENT FOR TREATMENT FORM

To the extent medically necessary, as determined solely by your Southern Bone and Joint (SBJ) physician in his/her professional medical judgment and in accordance with medical ethics and applicable laws, your SBJ physician may prescribe controlled substances and/or narcotic drugs for treatment purposes. Use of narcotic drugs and/or controlled substances may become addictive, and this risk of addiction is uncertain and varies with each patient. By signing this Informed Consent for Treatment Form, you accept this risk.

We may immediately reduce the strength, dosage, and/or frequency of any prescription, or end your prescription, at our discretion if we suspect that you may be misusing or abusing such drugs. If we suspect that you may be selling, sharing, diverting, swapping or transferring by any means, intentionally or unintentionally, your prescription or the narcotic drugs or controlled substances themselves, we may immediately discontinue your prescription and notify the pharmacies at which you have obtained such drugs.

Prescriptions for narcotic drugs and controlled substances will only be prescribed and refilled during office hours, except under certain limited circumstances, as determined by your SBJ physician in his/her professional medical judgment based on evidence of medical necessity, measurable outcomes, positive effects to reduce pain, and medically justifiable treatment benefits. You must inform your SBJ physician of any adverse effects that may be caused by or exacerbated by such narcotic drugs or controlled substances, as well as any other medications you may be taking or medical conditions or illnesses that may arise.