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726 N. Acadia Road – Suite 1000
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Phone (985) 625-2200
Fax (985) 625-2206
www.ortho-la.com

NOTICE OF PRIVACY PRACTICES

Updated 07/20/2017

A. OUR LEGAL DUTY:

Law requires us to: (1) Keep your medical information private; (2) give you notice describing our duties, privacy practices and your rights regarding your medical information; (3) follow the terms of the current Notice of Privacy Practices.

We have the right to: Change our privacy practices & the terms of this notice at any time as law allows including all medical information that we keep, including information previously created or received before such changes.

Notice of Change to Privacy Practices: When we make an important change to our privacy practices, we will change this notice and make it available upon written request.

B. USE AND DISCLOSURE OF MEDICAL INFORMATION:

Below is a non-inclusive list of ways we are permitted to use and disclose medical information. Other disclosures require your written permission, unless required by law. Any authorization you provide may be revoked at any time by written notification.

1. Treatment – for purpose of medical treatment or services including disclosure to/ from other doctors, nurses, technicians, medical students and other people taking care of you.
2. Payment – for payment purposes including insurance companies, medical auditing, third-party payers, claims processing entities, legal counsel and collection agencies.
3. Health Care Operations – for purpose of measuring and improving quality, evaluating employee performance, training, accreditation, certification, licenses and credentialing.

C. ADDITIONAL USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION:

1. Notification – to help notify family members; your personal representative or other persons responsible for your care. We will share information about your location, general condition, or death. In an emergency, we will share health information directly necessary for your health care according to our professional judgment and make decisions about allowing someone to pick up your medicine, medical supplies, x-rays or medical information.
2. Disaster Relief – to assist in disaster relief efforts, we may share medical information with entities or people legally authorized to do so.
3. Research in Limited Circumstances – Where research has been approved by a review board and protocols exist to ensure privacy of medical information.
4. Funeral Director, Coroner, Medical Examiner, Organ Procurement Agency – to help carry out their duties; we may share medical information of a person who has died.
5. Specialized Government Functions – for purposes of military, national security, intelligence activities and medical suitability determinations for the Department of State, correctional institutions and other custodial law enforcement situations.

6. Court Orders, Judicial and Administrative Proceedings and Law Enforcement – In response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstance or to protect public safety.
7. Public Health Activities – for purpose of preventing or controlling diseases, injury or disability, including child abuse or neglect, adverse events, product safety or exposure to communicable diseases. We may also notify individuals who may be at risk of contracting or spreading communicable diseases or conditions.
8. Victims of Abuse, Neglect, or Domestic Violence – to appropriate authorities if we believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.
9. Workers' Compensation & Work-Related Programs – to comply with laws relating to work-related injury programs.
10. Health Oversight Activities – to comply with audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure, or disciplinary actions or other authorized activities.
11. Appointment Reminders – for purposes of sending you appointment reminders via mail, telephone, voice mail, email, text messages or fax transmission. If you wish to opt out of our reminder service, please initial in the space provided on the Acknowledgment of Receipt & Understanding.
12. Alternative and Additional Medical Services – to furnish information about health-related benefits and services that may be of interest to you.

D. YOUR INDIVIDUAL RIGHTS:

1. Get copies of certain parts of your medical information, upon written request, subject to applicable duplication fees. Certain parts of your medical information can also be accessed online at <https://ossl.etransmedia.com>. There is no cost to access summary information through this secure patient portal.
2. Receive a list of disclosures of your medical information for purposes other than treatment, payment, and health care operations or compliance with legal & regulatory compliance.
3. Request in writing that we place additional restrictions on disclosure of your medical information. We are not required to agree to these restrictions; but if we do agree we will abide by the request.
4. Request that we communicate with you about your medical information by other means or to other locations. If we deny your request, we will provide written explanation.
5. Request that we change certain parts of your medical information if it is inaccurate. If we disagree, we will provide written explanation.
6. Obtain paper copy of this notice by contacting our office in writing.

E. QUESTIONS, COMPLAINTS & REQUESTS

If you have questions, complaints or requests regarding your privacy rights, please contact us as indicated below.

ATTN: PRIVACY OFFICER
 ORTHOPAEDIC SPORTS SPECIALISTS OF LOUISIANA
 726 North Acadia Road – Suite 1000
 Thibodaux, LA 70301
 Phone (985) 625-2200
 Fax (985) 625-2206

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ACKNOWLEDGEMENT OF RECEIPT & UNDERSTANDING
of Notice of Privacy Practices
(Updated July 20, 2017)

I have received, read, and understand the Notices of Privacy Practices provided to me by Orthopaedic Sports Specialists of Louisiana d/ b/ a Ortho-La. I understand my rights and responsibilities and agree to abide by this policy.

Patient/ Legal Guardian Signature _____ Date _____

Patient Name _____ Patients DOB _____
(Please Print)

Opting Out of Appointment Reminders

By initialing below, I am opting out of Ortho-LA's reminder service and understand I will not receive any reminders of my upcoming appointments with Ortho-LA.

_____ Patient/ Legal Guardian Initials

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HIPAA General Medical Release Form
(Updated July 20, 2017)

I hereby authorize the disclosure of my medical information by Ortho-LA to the following persons: (Please Print)

Name/ Relationship _____ DOB: _____

Name/ Relationship _____ DOB: _____

Name/ Relationship _____ DOB: _____

Name/ Relationship _____ DOB: _____

This authorization applies to the following:
(Please Initial)

All Records _____ Labs _____ Imaging/ Diagnostic Testing Reports _____

Billing/ Insurance _____ Appointment Dates & Times _____

Name of Person authorizing release of information:
(Please Print)

Patient's Name _____

Guarantor's Name _____
(if patient is a minor)

Street Address _____

City _____ State _____ Zip Code _____

Patient's DOB _____ Contact Phone Number _____

Patient's Signature _____ Date _____

Guarantor's Signature _____ Date _____
(if patient is a minor)