

Orthopaedic Institute of Ohio – Notice of Privacy Practices

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.

This Notice applies to all records of your care maintained by Orthopaedic Institute of Ohio and its workforce members.

OUR PLEDGE REGARDING YOUR INFORMATION

We are required by law to maintain the privacy and security of your protected health information (PHI).

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this Notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by notifying us in writing.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

1. Get an Electronic or Paper Copy of Your Medical Record

You can ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you.

We will provide a copy or summary of your health information within 30 days of your request. If we need additional time (up to 30 more days), we will notify you in writing.

We may charge a reasonable, cost-based fee.

You may also request that we send a copy of your records to a third party.

2. Ask Us to Correct Your Medical Record

You can ask us to correct health information you believe is incorrect or incomplete.

We may deny your request, but we will tell you why in writing within 60 days. If we need additional time (up to 30 more days), we will notify you in writing.

3. Request Confidential Communications

You can ask us to contact you in a specific way (for example, only at home or only by mail) or to send mail to a different address.

We will accommodate all reasonable requests.

4. Ask Us to Limit What We Use or Share

You can ask us not to use or share certain health information for treatment, payment, or health care operations.

We are not required to agree, except:

If you pay out-of-pocket in full for a service, you can ask us not to share that information with your health plan for payment or operations purposes. We will comply unless a law requires us to share it.

5. Get a List of Disclosures (Accounting)

You can request an accounting of certain disclosures of your health information made in the six years prior to your request.

We will provide one accounting per 12-month period free of charge. Additional requests may result in a reasonable, cost-based fee.

6. Get a Copy of This Notice

You may request a paper copy of this Notice at any time.

7. Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights.

8. File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

We will not retaliate against you for filing a complaint.

Contact Information:

Orthopaedic Institute of Ohio
Ben Broseke, Privacy Officer
801 Medical Drive, Suite A Lima, Ohio 45804
419.222.6622

U.S. Department of Health and Human Services
200 Independence Avenue
S.W. Washington, D.C. 20201
1.877.696.6775

YOUR CHOICES

For certain health information, you may tell us your preferences about what we share.

You have the right and choice to tell us to:

- Share information with family, close friends, or others involved in your care
- Share information in disaster relief situations
- Include your information in a hospital directory

If you are unable to tell us your preference, we may share information if we believe it is in your best interest.

We will never share your information unless you give us written permission for:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising Activities: We will not contact you to raise funds or inform you of fundraising programs and/or events.

OUR USES AND DISCLOSURES OF YOUR INFORMATION

- A. **Treatment:** We may use and disclose your health information to provide, coordinate, or manage your health care.
- B. **Payment:** We may use and disclose your information to bill and obtain payment.
- C. **Health Care Operations:** We may use and disclose information to operate and improve our organization.
- D. **Health Information Exchange (HIE):** We may participate in an electronic Health Information Exchange (“HIE”) to facilitate the sharing of your medical information for treatment purposes. An HIE is a network in which providers, such as doctors and other health care providers, participate in exchanging patient information in order to facilitate health care. There are many circumstances when it is beneficial for a non-affiliated care provider to have timely access to patient medical records to coordinate care.
- E. **BUSINESS ASSOCIATES:** We may share your information with third parties known as Business Associates who perform services on our behalf (e.g., billing, legal, IT services). We require our Business Associates to sign an agreement requiring them to protect your information and to use it only for the purposes for which we have

contracted for their services to make sure your medical information is appropriately safeguarded.

- F. **ARTIFICIAL INTELLIGENCE (AI):** We may use artificial intelligence technologies to assist with documentation, clinical decision support, care coordination, and operational functions. AI systems may process health information to improve functionality. AI vendors are required to maintain confidentiality and comply with HIPAA and other applicable laws.
- G. **SUBSTANCE USE DISORDER (SUD) RECORDS – 42 CFR PART 2:** If we receive or maintain information from a federally assisted substance use disorder treatment program subject to 42 CFR Part 2 (“Part 2 records”), special protections apply.

Federal law (42 CFR Part 2) provides additional privacy protections for certain substance use disorder treatment records and may be more stringent than the HIPAA Privacy Rule. Where applicable, we comply with both HIPAA and Part 2 requirements.

Individuals retain all applicable rights under HIPAA with respect to Part 2 records, including rights of access, amendment, accounting of disclosures, and the right to file a complaint.

- a. We may use and disclose such records for treatment, payment, and health care operations as permitted by law.
 - b. We will not use or disclose SUD records in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order.
 - c. Redisclosure of SUD records is prohibited unless expressly permitted by federal law.
- H. **REPRODUCTIVE HEALTH PRIVACY PROTECTIONS:** We will not use or disclose your protected health information for the purpose of conducting a criminal, civil, or administrative investigation into, or imposing liability on, any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.

We will not use or disclose your protected health information to identify any person for such prohibited purposes.

For certain requests related to reproductive health information, federal law requires us to obtain a signed attestation from the requestor confirming that the

requested use or disclosure is not for a prohibited purpose.

OTHER USES AND DISCLOSURES

We may use or disclose your information:

- For public health activities
- For research (subject to required approvals)
- To comply with federal or state law
- For health oversight activities
- For workers' compensation
- For law enforcement purposes
- In response to court orders or subpoenas
- For national security and intelligence activities
- For military and veteran purposes
- For protective services for the President or other authorized officials
- To avert a serious threat to health or safety
- For organ and tissue donation
- To coroners, medical examiners, or funeral directors

However, we will not disclose PHI where prohibited by federal reproductive health privacy protections.

REDISCLASURE NOTICE

Some information we disclose may be subject to redisclosure by the recipient and may no longer be protected under HIPAA.

When required by law — including disclosures involving Substance Use Disorder records protected under 42 CFR Part 2 — we will include a notice prohibiting further unauthorized disclosure.

Recipients of your information are required to protect the privacy and security of your information as required by applicable law.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We must follow the duties and privacy practices described in this Notice.
- We will notify you promptly if a breach occurs.
- We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We may change the terms of this Notice. The revised Notice will apply to all information we maintain and will be available upon request, in our offices, and on our website.

This Notice is effective 2/16/2026 and replaces all earlier versions.