



ORANGE COUNTY
ORTHOPEDIC CLINIC

3420 Bristol Unit #750-B
Costa Mesa, CA 92626

(800) 226-4831

RESPECTING THE PRIVACY OF OUR PATIENTS PRIVACY POLICY

We value the trust of our patients and are deeply committed to protecting the privacy of patient information. That is why we only collect and disclose information necessary to provide our patients with quality services. We welcome this opportunity to describe the steps we take to protect our patient’s information. Our goal is to ensure that you fully understand our policies and practices regarding the collection, disclosure and protection of this information. You will receive a copy of our privacy statement upon request. The privacy policies described in this statement apply to our current and former patients. It may be necessary to review and revise our privacy policies, in which case we will provide an updated privacy notice.

Information We Collect. In order to provide high quality services, we must collect and often share information about you and individuals covered under your insurance policy that is not publicly available. We do this to better service patients and process claims in a timely manner. We collect and may share the following type of information about you and your family covered under your policy: 1) Information about the identity of you and individuals covered under your policy, including the names, addresses, and social security numbers of such individuals. 2) Information we receive from you on applications or other insurance and account forms, such as the claims history or medical history of individuals covered under your policy. 3) Information about your transactions and experiences with us, such as treatments you received from us, your payment history, account balance, and amounts you paid for your care.

Should we need to verify or obtain additional information about you or individuals covered under your policy, we, may contact outside sources such as agents, brokers, administrators, insurance support organizations, consumer reporting agencies, medical providers and government reporting agencies. Information collected from these outside sources may include employment information and claims or medical repolls. Information obtained from outside sources may be retained by these outside sources and disclosed to other persons in accordance with applicable laws.

How Such Information is Used. In many cases, it is necessary to share some or all of the information listed above to help us deliver the best possible services to you and individuals covered under your policy. These disclosures are often necessary to fulfill transactions you have requested and to service the insurance policies that you have applied for and/or purchased. For example, we may share information with your insurance agent or broker, claims adjusters and administrators, claims investigators, and outside companies that perform administrative services on our behalf. We may share information about you and individuals covered under your policy to comply with legal and regulator requirements and for other limited purposes that are required or permitted by law. For example, we may share information about you and individuals covered under your policy to: 1) Process a transaction that you request. 2) Protect against fraud or criminal activity. 3) Report account activity to credit bureaus. 4) Comply with local, state or federal laws. 5) Provide information requested by reinsures state insurance regulators and self regulatory organizations, insurance support agencies and law enforcement agencies. Under no circumstances do we sell or share patient information to any outside party.

Access to and Correction of Individual Information. Individuals covered under your policy may write to us if they have any questions about the information that we may have in our records about them or the identity of those persons to whom their information, as disclosed during the two years prior to their request. If they wish, they may receive a copy at a reasonable charge. Individuals covered under your policy can notify us in writing if they believe any information should be corrected, amended, or deleted, and we will review their request. We will either make the requested change or explain why we did not do so. If we do not make the requested change, they may submit a short written statement identifying the disputed information, which will be included in all future disclosures of their information.

Confidentiality and Security of Information. We dedicate significant resources to protect the security of our patient information. We restrict access to customer information to those individuals who need to know that information to provide services to you or individuals covered under your policy. We also maintain physical, electronic, and procedural safeguards to protect patient information and guard against its unauthorized use.

Patient Signature _____ **Date** ___/___/20___ **Print Patient Name:** _____

Guardian Signature _____ **Date** ___/___/20___ **Print Guardian Name:** _____

THE FOLLOWING PERSONS HAVE MY PERMISSION TO CALL OR RECEIVE MY MEDICAL INFORMATION (LIST NAME AND RELATIONSHIP TO YOU):

