



Release of Patient Information

Patient Name: _____

Regarding service I have received, I give permission for any doctor, physician assistant or staff member of Black Hills Orthopedic & Spine Center to speak to: _____

Signature of Patient: _____ **Date:** _____

Authorization for Consent

I, the undersigned, voluntarily consent for the staff at Black Hills Orthopedic & Spine Center to provide treatment and/or physical therapy without parent/legal guardian accompaniment for: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

The persons listed below are authorized by me, parent or legal guardian, to bring _____, a minor child, to this facility for medical treatment:

Signature of Parent/Legal Guardian: _____ **Date:** _____

Medical Authorizations

MEDICAL INFORMATION RELEASE: I authorize the release of any and all medical records necessary to process the claim to my insurance carrier.

Patient's Signature: _____ **Date:** _____

ASSIGNMENT OF BENEFITS: I authorize payments of medical benefits to Black Hills Orthopedic & Spine Center for services rendered.

Patient's Signature: _____ **Date:** _____

ASSIGNMENT OF BENEFIT SIGNATURE REQUIRED FOR ALL SERVICES PROVIDED. AUTHORIZATION WILL BE SUBMITTED TO CARRIERS ON OUTSTANDING ACCOUNTS ONLY.

TREATMENT RELEASE: I authorize Black Hills Orthopedic & Spine Center and the attending Doctors to perform any diagnostic tests or procedure indicated for treatment.

Patient/Guardian: _____ **Date:** _____

Financial Authorization

I acknowledge full financial responsibility for services rendered by Black Hills Orthopedic & Spine Center. Interest charges will accrue at a rate of 1% per mo. (12% APR) on all amounts that are the Patient's responsibility, after 90 days.

Signature: _____ **Date:** _____



BHOSC Prescription Refill Policy

Thank you for choosing Black Hills Orthopedic & Spine Center for your medical needs.

Our team will work hard to provide the very best service to you. We encourage you to communicate any questions or concerns during the course of your care as they arise. We provide around-the-clock comprehensive attention to your needs. Your doctor or the "on call" physician or physician assistant is available 24 hours a day for emergencies by calling our office number (605) 341-1414.

PRESCRIPTION MEDICATIONS: IMPORTANT—PLEASE READ

- Please plan ahead. If you anticipate needing more medication and do not have any refills on your prescription, call your doctor at (605) 341-1414 by 4:00 p.m. Monday through Friday. Refill requests received after 4:00 p.m. will be addressed the next business day.
- There will be no pain medication or other prescription medication authorized on Saturday or Sunday. Check your medication on Thursday or Friday to make sure you have enough to get you through the weekend.
- We will not authorize more pain medication if it is discovered providers outside of BHOSC are dispensing medication to you.
- Lost medications and prescriptions will not be replaced.

I have read and understand the above policy.

Patient signature: _____ **Date:** _____

Respectfully,

The Doctors and Staff

Black Hills Orthopedic & Spine Center

Business Hours: Monday – Friday 7:00 a.m. – 5:00 p.m.

7220 S. Highway 16 • Rapid City, SD 57702
 Phone: (605) 341-1414 • Fax: (605) 341-7062
www.bhosc.com



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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

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you.

1. Treatment



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We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

Example: Jane is a patient at the clinic. The receptionist may use medical information about Jane when setting up an appointment. The provider will likely use medical information about Jane when reviewing Jane's condition and ordering a test. The medical technician will likely use medical information about Jane when processing or reviewing her test results. If, after reviewing the results of the test, the provider concludes that Jane should be referred to a specialist, the provider may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

2. Payment

We may use and disclose medical information about you to obtain payment for health care services that you received. This means that, within the clinic, we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

Example: Jane is a patient at the clinic and she has private insurance. During an appointment with a provider, an injection and test is ordered. The patient services clerk will use medical information about Jane when she prepares a bill for the services provided at the appointment and the test. Medical information about Jane will be disclosed to her insurance company when the billing clerk sends in the bill.

Example: The provider referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan would pay for the test.

3. Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.



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- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Example: Jane was diagnosed with diabetes. The health department used Jane's medical information – as well as medical information from all of the other health department patients diagnosed with diabetes – to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

Example: Jane complained that she did not receive appropriate health care. The health department reviewed Jane's record to evaluate the quality of the care provided to Jane. The health department also discussed Jane's care with an attorney.

4. Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

Example: Jane's husband regularly comes to the health department with Jane for her appointments and he helps her with her medication. When the provider is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane's husband.

5. Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.



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- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Patient Services Leader. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU



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You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be available at the front desk and on our website www.bhosc.com.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. We maintain your medical records in an Electronic Health Record (EHR) system, and you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**. Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

We may be able to provide you with a summary or explanation of the information. Contact our Medical Records Team for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or health care operations. The accounting will also not include disclosures made prior to April 14, 2003.



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If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of health care operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a health care item or service for which the health care provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.



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We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

**Black Hills Orthopedic & Spine Center
Attn: Privacy Officer
PO Box 6850
Rapid City, South Dakota 57709-6850**

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Toll-Free Phone: (800) 368-1019
TDD Toll-Free: (800) 537-7697
Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>
Email: OCRMail@hhs.gov



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PATIENT NOTIFICATION OF PRIVACY PRACTICES

I, _____ (print patient name) have been provided a copy of the Notice of Privacy Practices and understand my rights as a patient of Black Hills Orthopedic & Spine Center, P.C.

With my consent, Black Hills Orthopedic & Spine Center, P.C. may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations. Black Hills Orthopedic & Spine Center, P.C. reserves the right to revise its Notice of Privacy Practices at any time.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. A revised Notice of Privacy Practices may be obtained by forwarding a written request to: Privacy Officer at PO Box 6850, Rapid City, SD 57709.

Date: _____

Patient/Parent/Legal Guardian's Signature: _____