



# HIPAA NOTICE OF PRIVACY PRACTICES

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**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 of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

## **1. Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician’s practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes communication with other health care providers regarding your treatment plan.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment, employee review, training, licensing, and other administrative functions. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician’s practice has taken action in reliance on the use or disclosure indicated in the authorization.

**You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy certain records such as psychotherapy notes or information compiled in reasonable anticipation of litigation.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

**You have the right to obtain a paper copy of this notice from us.** Upon request, even if you have agreed to accept this notice electronically.

**You may have the right to have your physician amend your protected health information.** If we deny your request for amendment, you have the right to file a statement of disagreement.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

**Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main number.

Signature below is only acknowledgement that you received this notice of privacy practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Orthopedic Care Center of New Orleans  
3308 Tulane Avenue • Suite 500  
New Orleans, Louisiana 70119  
Phone: 504-265-0833

# GUIDELINES FOR RECEIVING PRESCRIPTIONS AT ORTHOPEDIC CARE CENTER OF LOUISIANA

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- 1) Medications prescribed may interfere with your ability to drive or operate machinery. DO NOT take these medications when you know you will have to drive or perform other activities requiring your motor skills.
- 2) There is a level of trust between doctor and patient that medications and prescriptions will be stored in a safe place. **IF YOU LOSE YOUR MEDICATION OR PRESCRIPTION, THE DOCTOR WILL NOT GIVE YOU A PROVISIONAL MEDICATION.**
- 3) If this clinic determines that the medications given to you were misused in any way, you run the risk of being permanently discharged.
- 4) Because of Federal and State Laws regarding pain management, DO NOT expect chronic prescribing practices here.
- 5) If your doctor gives you a prescription for narcotics, you CANNOT receive narcotics from another provider. You are expected to INFORM the doctor if you are receiving any narcotics from another provider.
- 6) Physical Medicine Treatment will be prescribed to you until your next doctor's appointment. Please utilize physical medicine treatments to hasten recovery.

Please sign acknowledging you have read and agreed with the guidelines above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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3308 Tulane Avenue • Suite 500  
New Orleans, Louisiana 70119  
Phone: 504-265-0833

## RELEASE OF MEDICAL RECORDS

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To whom it may concern:

I, \_\_\_\_\_, hereby authorize any hospital, physician, or clinic to disclose any and all records furnishing copies to the above-stated clinic. Please provide the following:

\_\_\_\_ All doctor notes

\_\_\_\_ Emergency Room reports

\_\_\_\_ X-Ray reports

\_\_\_\_ Laboratory Test results

\_\_\_\_ MRI reports

\_\_\_\_ Date seen: \_\_\_\_\_

A photo static copy of this release shall be considered as valid as the original.

### Patient Information

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

SSN#: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_