



Advanced Orthopaedic Institute  
Patient Acknowledgement of Receipt of Privacy Notice

I understand that as part of the provisions of healthcare services, ADVANCED ORTHOPAEDIC INSTITUTE\* creates and maintains health records and other information describing among other things, my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I have been provided with a Notice of Privacy Practices that provides a more complete description of the uses and disclosures of certain health information. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their Notice and will provide me with a new Notice of Privacy Practices if there are any changes. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to my how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations (quality assessment and improvement activities, underwriting, premium rating, conduction or arranging for medical review, legal services, and auditing functions, etc.) and the organization is not required to agree to the restrictions requested.

This acknowledgment is given freely with the understanding that:

1. Any and all records, whether written, oral or in electric format, are confidential and cannot be disclosed for reasons outside of treatment, payment or health care operations without my prior written authorization, except as otherwise provided by law.
2. I have the right to refuse that the use of my Protected Health Information, which is used or disclosed for the purposes of treatment, payment or healthcare operations, be restricted. I also understand that the Practice and I must: agree to any restrictions in writing on the use and disclosure of my Protected Health Information; and agree to terminate any restrictions in writing on the use and disclosure of my Protected Health Information which have been previously agreed upon.

\_\_\_\_\_  
Patient name printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient signature (or guardian, if a minor)

\_\_\_\_\_  
Social Security Number (for identification purposes only)



Advanced Orthopaedic Institute\*  
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.

**ADVANCED ORTHOPAEDIC INSTITUTE\*** respects your privacy. We acknowledge that information about health care treatment we have provided you is to be treated with integrity. Due to this, we will not disclose your information to others unless you tell us to do so, or unless it is to be used to treatment, payment or health care operations. We will also disclose information when state or federal laws require or permit it.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment and Health Operations

**For treatment:** Any information obtained in your encounter with **ADVANCED ORTHOPAEDIC INSTITUTE\*** or the medical or office staff is recorded in your medical record and used to provide quality care for you. This information would be made available as necessary to other specialists or health care entities that **ADVANCED ORTHOPAEDIC INSTITUTE\*** may refer you to for continued healthcare.

**For payment:** When you have insurance, as a service to you, we will request payment from your plan. However, health plans require medical information such as diagnostics, procedures performed or our recommendations for care, which we will make available to them.

**For health care operations:** Sometimes it is necessary for this office to evaluate the quality of care we offer our patients in order to improve our services. We also use your protected health information to call about appointments and to offer you other treatment alternatives.

Your Health Information Rights

**ADVANCED ORTHOPAEDIC INSTITUTE\*** owns the medical and billing records created and stored in this entity. However protected health information within these records is about you. You have the right to receive, read and ask questions about this notice. You can also request us to restrict certain uses and disclosures of your protected health information. However the request must be made in writing to us. We are not required to grant this request, but we will comply whenever possible. You also have the right to request and receive a copy of the most current Notice of Privacy Practices for Protected Health Information. You may request, in writing, a copy of your protected health information (PHI.) We have a form available for this particular request. Should we deny you access to your PHI, you have the right to appeal the denial-except in certain circumstances. You also have the right to ask us to amend your health information. This request must be in writing, and we do not have to comply with the request. Should your request not be granted you will be notified in writing of our reasons for the denial and you will have a right to write a statement of disagreement, which will be included with any release of your record. At your request we will give you a list of how your health information has been disclosed, except when it has been to you or your legal authorized representative, for treatment, payment, or health operations. You can receive this information once during a 12-month period; additional requests during that time or after will incur charges. Our privacy officer, Jerry Sedas, will help you with these rights during our business hours. You may contact him and (956) 686-2663.

---

\* Advanced Orthopaedic Institute\* includes Advanced Orthopaedic Institute\*, Advanced Extremity MRI, RGOI Ambulatory Surgery Center and Advanced Arthroscopic Outpatient Surgery



We are required to:

It is our responsibility to keep your medical and billing information private. It is also our responsibility to make this notice accessible to you. We are bound by the terms of this notice. We do have the right to change our practices regarding the information we store. If we do not make changes, this notice will be updated. You are entitled to a current Notice by calling and asking for it or by visiting our office to pick one up.

To Ask for Help or to Complain:

To ask questions or if you want more information or to report a problem with the way we have handled your protected health information, you should contact our privacy officer, Jerry Sedas at (956) 686-2663, 400 E. Dove Ave. McAllen, Texas 78504

Please discuss any concerns you have about your privacy rights with our staff. You also may write to us your concerns, at 400. E. Dove McAllen, TX 78504, attention Jerry Sedas, if you believe your privacy rights have been violated.

**Other disclosures and uses of protected health information**

Notification of Family and Others: unless you object we will involve family members or other caretakers in your medical care and will therefore release information to them. We also will release financial information to those who are involved in paying for your health care.

Effective January 1, 2008