



## **NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

Revised: September 23, 2013

November 15, 2016

December 1, 2023

July 22, 2025

**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.***

**Questions about this Notice should be addressed to our Privacy Contact**

**by telephone at (316) 631-1613**

**or by mail at 9828 E Shannon Woods, Wichita, KS 67226**

**ADVANCED ORTHOPAEDIC ASSOCIATES, P.A.**

Dear Patient,

This is our Notice of Privacy Practices. We are required by law to provide this notice to you and obtain your acknowledgment of its receipt prior to providing any services to you. The following is a brief summary of the contents of the Notice. We encourage you to read the entire Notice and ask any questions you may have concerning its contents.

**How We May Use and Disclose Health Information About You Without Your Specific Authorization.** This section describes the different ways we may use or disclose your health information without first obtaining a specific authorization from you. These types of uses and disclosures are specifically permitted by federal law because it is assumed you would want us to use or disclose your information for these purposes or because such use or disclosure is recognized as crucial to the proper functioning of our health care system.

**Your Rights Regarding Your Health Information.** This section describes the following rights you have with respect to your health information and tells you how you may exercise these rights.

- Right to inspect and copy
- Right to request amendment
- Right to an accounting of disclosures
- Right to request restrictions on certain uses and disclosures
- Right to request alternative means of communication
- Right to receive a paper copy of our Notice of Privacy Practices

**How To File Complaints Concerning Our Privacy Practices.** This section tells you what you can do if you believe any of your rights have been violated. You will not be penalized for filing any complaint.

You will be asked to acknowledge your receipt of this Notice, and your acknowledgment will be maintained in your permanent record. You should keep this copy of the Notice. Another copy of this Notice will not be provided automatically at any later visit, but you may request a copy of the Notice at any time. Also, the Notice is posted at our facility and on our website for your review.

Maintaining the privacy of your health information is very important to us. Again, if you have any questions concerning the attached Notice, please do not hesitate to ask.

AOA HIPAA Privacy Contact  
9828 E Shannon Woods, Ste 100, Wichita, KS 67226  
(316) 631-1613

## **WHY WE ARE PROVIDING THIS NOTICE**

Advanced Orthopaedic Associates P.A. (AOA) compiles information relating to you and the treatment and services you receive. This information is called protected health information (PHI) and is maintained in a designated record set. We may use and disclose this information in various ways. Sometimes your agreement or authorization is necessary for us to use or disclose your information and sometimes it is not. This Notice describes how we use and disclose your protected health information and your rights. We are required by law to give you this Notice, and we are required to follow it. We may change this Notice at any time if the law changes or when our policies change. If we change the Notice you will be given a revised Notice. You may also access this Notice at our website [www.aoaortho.com](http://www.aoaortho.com).

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU *WITHOUT YOUR SPECIFIC AUTHORIZATION***

The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you.

**For Treatment.** We may use information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in your care. For example, your family doctor may need to know you will require surgery for a broken ankle. Different departments of AOA may share health information about you in order to coordinate prescriptions and x-rays. We also may disclose health information about you to people outside AOA who may be involved in your medical care, such as family members, friends, or others. We may disclose health information about you to other health care providers who request such information for purposes of providing medical treatment to you.

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at AOA may be billed to and payment may be collected from you, an insurance company, or other third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider. We may also provide information to a health plan for purposes of arranging payment for treatment and services provided to you.

**For Health Care Operations.** We may use and disclose your protected health information when it is necessary for us to function as a business. When we contract with other businesses to do specific tasks for us, we may share your protected health information so they can perform the job we have asked them to do. These businesses are called Business Associates. When we do this, the business agrees in the contract to protect your health information and use and disclose such health information only to the extent needed to do so. For example, we may

contract with a copy service to make copies of your health record. Another example is if we want to see how well our staff is doing, we may use your protected health information to review their performance.

**For Contact Information.** We may use and disclose your contact information (landline or cellular phone numbers, email address). Some examples of how we may use your contact information include appointment reminders and to provide you with notification of other health-related benefits and services, all of which are discussed in more detail below. By providing us with your contact information, you give your consent that we may use it. We may contact you by the following means (even if we initiate contact using an automated telephone dialing system (ATDS) and/or an artificial or prerecorded voice): (1) paging system; (2) cellular telephone service; (3) landline; (4) text message; (5) email message; or (6) facsimile. If you want to limit these communications to a specific telephone number or numbers, you need to request that only a designated number or numbers be used for these purposes. If you inform us that you do not want to receive such communications, we will stop sending these communications to you.

**Appointment Reminders.** We may use your protected health information to remind you of appointments, including leaving a voicemail message or sending a text message.

**Surveys.** We may use and disclose health information to contact you to assess your satisfaction with our services.

**Treatment Alternatives or Other Services.** We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you. In some cases the facility may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.

**Individuals Involved In Your Care or Payment For Your Care.** We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects are subject to a special approval process. Before we use or disclose health information for research, the project will have been approved through this research approval process.

**As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Employers.** We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. We will tell you when we make this type of disclosure.

**Workers' Compensation.**

We may release health information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:

To prevent or control disease, injury or disability; to report deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may also notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law.

These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, or another type of discovery request. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your protected health information.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of

a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct at AOA; or (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner, medical examiner, or a funeral director.

**National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

**Inmates/Persons In Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Fundraising.** We may send you information as part of our fundraising activities. You have the right to opt out of receiving this type of communication.

**Electronic Health Information Exchange.** We participate in the electronic sharing of health information with other health care providers and health plans in the State of Kansas through an approved health information organization (HIO). Unless you direct otherwise, your electronic health records will be accessible through the HIO to properly authorized users for purposes of treatment, payment, and health care operations only.

If you want to restrict access to your records through the HIO, you must submit a request for restriction through KanHIT. Visit [www.KanHIT.org](http://www.KanHIT.org) for more information. Even if you restrict access, your information still will be available through the HIO by a properly authorized individual as necessary in the event of an emergency when consent cannot be obtained, or to report specific information to a government agency as required by law.

## **OTHER USES OF HEALTH INFORMATION**

1. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and uses and disclosures that constitute a sale of protected health information require your authorization. Psychotherapy notes are a particular type of protected health information. Mental health records generally are not considered

psychotherapy notes. Your authorization is necessary for us to disclose psychotherapy notes.

- ٢. There are some circumstances when we directly or indirectly receive a financial (e.g., monetary payment) or non-financial (e.g., in-kind item or service) benefit from a use or disclosure of your protected health information. Your authorization is necessary for us to sell your protected health information. Your authorization is also necessary for some marketing uses of your protected health information.
- ٣. Other uses and disclosures of your protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. Please ask for AOA Privacy Form 01. You may revoke your authorization in writing at any time, provided you notify us. If you revoke your authorization, it will not take back any disclosures we have already made.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Right To Access.** You have the right to access, or inspect and copy health information that may be used to make decisions about your care. To inspect and copy your health information, you must complete AOA Privacy Form 02 providing information we need to process your request. You may request that your records be provided in an electronic format and we can work together to agree on an appropriate electronic format. Or you can receive your records in a paper copy. You may also direct that your protected health information be sent in electronic format to another individual. You may be charged a reasonable fee for access. We can refuse access under certain circumstances. If we refuse access, we will tell you in writing and in some circumstances you may ask that a neutral person review the refusal.

**Right to Request Amendment.** If you believe that our records contain information about you that is incorrect or incomplete, you may ask us to amend the information.

To request an amendment, you must provide information we need to process your request, including the reason that supports your request. Ask for AOA Privacy Form 03. To obtain this form or to obtain more information concerning this process, please see our Privacy Contact.

We can refuse your request if we did not create the information you are requesting to change, if the information is not part of the information we maintain, if the information is part of information that you were denied access to, or if the information is accurate and complete as written. You will be notified in writing if your request is refused and you will be provided an opportunity to have your amendment request included in your protected health information.

**Right to an Accounting.** You have a right to an accounting of disclosures of your protected health information that is maintained in a designated record set. This is a list of persons, government agencies, or businesses who have obtained your health information. To request this list or accounting of disclosures, you must complete AOA Privacy Form 04 providing information we need to process your request. There are specific time limits on such requests.

You have the right to one accounting per year at no cost. To obtain this form or to obtain more information concerning this process, please notify our Privacy Contact.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information. To request restrictions, you must complete AOA Privacy Form 05 providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please see our Privacy Contact.

If you self-pay for a service and do not want your health information to go to a third party payor, we will not send the information, unless it has already been sent, you do not complete payment, or there is another specific reason we cannot accept your request. For example, if the law requires us to bill the third party payor (e.g., a governmental payor), we cannot accept your request. We do not have to agree to any other restriction. If we have previously agreed to another type of restriction, we may end that restriction. If we end a restriction, we will inform you in writing.

**Right to Communication Accommodation.** You have the right to request that we communicate with you in a certain way or at a specific location.

To request a communication accommodation, you must complete AOA Privacy Form 06 providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please see our Privacy Contact.

Revised:      September 23, 2013  
                 November 15, 2016  
                 December 1, 2023  
                 July 22, 2025