

## NOTICE OF PRIVACY PRACTICES

**Effective Date:** March 4, 2026

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

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### OUR LEGAL DUTIES

Midwest Orthopaedic Center is required by law to:

- Maintain the privacy and security of your Protected Health Information (“PHI”)
  - Provide you with this Notice of Privacy Practices
  - Follow the terms of this Notice currently in effect
  - Notify you if a breach occurs that may compromise your information
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### I. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Protected Health Information “PHI” is information that individually identifies you as a patient of Midwest Orthopaedic Center. PHI relates to your past, present, and future health care conditions. Because we provide orthopaedic surgical and rehabilitative services, your PHI includes but is not limited to demographic information, office notes, surgical records, imaging results, rehabilitation notes, prescriptions, and billing information.

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#### A. Treatment

We may use and disclose your PHI to:

- Manage and Coordinate care among physicians, surgeons, mid-level providers, clinical staff, and therapists
  - Communicate regarding post-operative care and rehabilitation
  - Contact you to remind you that you have an appointment for medical care
  - Contact you regarding treatment options or alternatives
  - Refer you to imaging centers, hospitals, or specialists
  - Ensure continuity of care
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## **B. Payment**

We may use and disclose your PHI to:

- Submit insurance claims
  - Verify benefits and eligibility
  - Obtain prior authorization
  - Bill and collect payment
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## **C. Healthcare Operations**

We may use and disclose your PHI for:

- Quality assessment and improvement
  - Credentialing and peer review
  - Staff training
  - Compliance and auditing
  - Business planning and administrative functions
  - Sending appointment reminders
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## **II. OTHER PERMITTED OR REQUIRED DISCLOSURES**

We may disclose your PHI without your authorization as required or permitted by law, including:

- To report to public health agencies
  - To assist with product recalls
  - To do research
  - To report suspected abuse, neglect, or domestic violence
  - To comply with judicial or administrative proceedings
  - To comply with law enforcement and other government requests
  - To respond to organ and tissue donation requests
  - To Address Workers' compensation claims
  - To prevent a serious threat to health or safety
  - To work with Coroners, medical examiners, or funeral directors
  - To respond to lawsuits and legal actions
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## **III. USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION**

We will obtain your written authorization for:

- Marketing communications (where required)
- Sale of PHI
- Most uses and disclosures of psychotherapy notes (if applicable)

You may revoke your authorization in writing at any time.

## **IV. USES AND DISCLOSURES REQUIRING US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

You have the right to:

- Share information with your family, close friends, or others involved in your care.
  - Share information in a disaster relief situation. We will provide you with an opportunity to agree or opt out if we practicably can do so.
  - Opt out of fundraising activities.
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## **V. ADDITIONAL PRIVACY PROTECTIONS UNDER ILLINOIS/FEDERAL LAW**

Illinois and Federal law provides additional safeguards for certain types of information, including:

- Mental health and developmental disability records
- HIV/AIDS-related information
- Genetic testing information
- Reproductive Health Care
- Substance use disorder treatment records, including Part 2 records
  - In no event will we use or disclose your Part 2 Program record or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative or legislative proceedings by and Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Where Illinois law is more restrictive than federal law, we will comply with Illinois law.

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## **VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to:

- 1. Inspect and Copy Records**  
Request access to or copies of your medical and billing records.
- 2. An Electronic or Paper Copy of Your Medical Records**  
If your PHI is maintained in an electronic format, you have the right to request a copy in the format you request if it is readily producible in such form or format.
- 3. Request Amendment**  
Request corrections to your record if you believe information is incorrect or incomplete. All requests must be in writing. Requests may be approved or denied – if denied, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement.
- 4. Request an Accounting of Disclosures**  
Request a list of certain disclosures made outside of treatment, payment, and operations purposes.
- 5. Request Restrictions**  
Ask us to restrict certain uses or disclosures. All requests must be in writing and must state the specific restriction and to whom you want it to apply. We are not required to agree except 1.) where required by law or 2.) if the restriction is to a health plan for an item or service that has been paid out-of-pocket, in full.

6. **Request Confidential Communications**

Request in writing for us to contact you in a specific way or send mail to an alternate location.

7. **Obtain a Paper Copy**

Request a paper copy of this Notice at any time.

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**VII. BUSINESS ASSOCIATES**

We may share your PHI with third-party service providers that perform services on our behalf, including but not limited to:

- Billing companies
- Electronic medical record vendors
- IT service providers
- Transcription services
- Practice management consultants

All Business Associates are required by contract to safeguard your PHI in compliance with applicable law.

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**VIII. BREACH NOTIFICATION**

If a breach of unsecured PHI occurs, we will notify you as required by law.

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**IX. COMPLAINTS**

If you believe your privacy rights have been violated, you may contact:

**Privacy Officer: Jamie Osmulski**  
Midwest Orthopaedic Center  
6000 N. Allen Road  
Peoria, IL 61614  
(309) 691-1400  
josmulski@midwest-ortho.com

You may also file a complaint with the Office for Civil Rights. We will not retaliate against you for filing a complaint.

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**X. CHANGES TO THIS NOTICE**

We reserve the right to revise this Notice. Revised Notices will apply to all PHI we maintain and will be posted in our office and on our website.