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## **Notice of Privacy Practices**

**This notice describes how OrthoArizona may use and disclose patients' healthcare information and how a patient can obtain access to this information. Please review it carefully.**

OrthoArizona is required to provide patients with notice of its legal duties and privacy practices with respect to patients' protected health information. "Protected Health Information (PHI)" is information, including demographic information, which relates to: the patient's past, present, or future physical or mental health or condition; the provision of health care to the patient; or the past, present, or future payment for the provision of health care to the patient, and that identifies the patient or for which there is a reasonable basis to believe can be used to identify the patient. Protected health information includes many common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

OrthoArizona may use and disclose protected health information without the patient's written consent or authorization for certain treatment, payment, healthcare operations or other uses required by law. There are certain restrictions on uses and disclosures of treatment records which include registration and all other records concerning patients who are receiving or who may have received services related to mental illness, developmental disabilities, alcoholism, drug dependence, or HIV.

### **TREATMENT**

OrthoArizona will use and disclose protected health information internally and with other healthcare entities to provide, coordinate, refer, or manage the patient's health care and any related services.

### **PAYMENT**

Protected health information will be used, as needed, to obtain payment for the patient's health care services. Payment activities may include contacting the patient's insurance company for benefits eligibility, health insurance coverage, payment, medical necessity of services or procedures, appropriateness of care or justification of charges as well as managing claims or collection activities to obtain payment for services provided to the patient.

### **HEALTHCARE OPERATIONS**

OrthoArizona may use or disclose, as needed, protected health information to support their business activities. These activities include but are not limited to: contacting healthcare providers and patients with information about treatment alternatives, quality assessments, improvement activities, outcomes evaluation, development of clinical guidelines, protocol development, case management, care coordination, conducting, or arranging for medical review, legal services, auditing functions, or training medical students.

OrthoArizona may contact patients by telephone, e-mail, text, or mail unless otherwise notified by the patient.

OrthoArizona may not disclose protected health information to family members or friends who may be involved with the patient's treatment or care without the patient's written permission. Health information may be released without written permission to a parent, guardian, legal custodian of a child, guardian of an incompetent adult, the designated healthcare agent of an incapacitated patient, power of attorney, or personal representative or spouse of a deceased patient.

OrthoArizona may use or disclose protected health information without consent or authorization as permitted for:

Health oversight activities: OrthoArizona may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as: management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.

Judicial and administrative proceedings: Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.

For activities related to death: OrthoArizona may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.

For research: Under certain circumstances, and only after a special approval process, OrthoArizona may use and disclose a patient's health information to help conduct research.

To avoid a serious threat to health or safety: OrthoArizona may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

For worker's compensation: OrthoArizona may disclose patient's health information to the extent such records are reasonably related to any injury for which worker's compensation is claimed.

## **USES AND DISCLOSURES THAT REQUIRE PATIENTS' PROTECTED AUTHORIZATION**

Other permitted and required uses and disclosures will be made only with patient consent, authorization, or opportunity to object unless required by law. Without patient authorization, OrthoArizona is expressly prohibited to use, sell, or disclose patients' protected health information for marketing and no patient genetic information will be disclosed for underwriting purposes. Patients may revoke the authorization at any time in writing. OrthoArizona is not responsible for action taken between when the authorization was received to when the revocation received.

## **PATIENTS' RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

- Patients are permitted, in writing, to request restrictions on certain uses or disclosures of patients' protected health information by OrthoArizona to carry out treatment, payment, or healthcare operation. OrthoArizona is not required to agree to restriction requests. Agreed upon restrictions will be adhered to except when patients' protected health information is needed in an emergency treatment situation, at which time, information may be disclosed only to healthcare providers treating the patient. Restrictions also do not apply when OrthoArizona is required by law to disclose certain healthcare information.
- Patients have the right to review and/or obtain a copy of their healthcare records, except for the following: psychotherapy notes; information compiled for use (or in anticipation of use) in a civil, criminal, or administrative action or proceeding; protected health information restricted by law, medical research in which the patient agreed to participate; information that may harm or injure the patient or other people; or information that was obtained under the promise of confidentiality. OrthoArizona may deny access under other circumstances, in which case, the patient has the right to have such a denial reviewed. OrthoArizona may charge a reasonable fee for copying patient records.
- Patients may request, in writing, OrthoArizona send protected health information, including billing information, to the patient by alternative means or to alternative locations. Patients may also request, in writing, OrthoArizona not send information to a particular address or location or contact them at a specific location (i.e. patient's place of employment). OrthoArizona will accommodate reasonable requests by patients.
- Patients may request that any part of their protected health information not be disclosed to family members or friends who may be involved in their care or for notification purposes as described in this notice of Privacy Practices. Patient requests must state the specific restriction requested and to whom they want the restriction to apply. The patient's physician is not required to agree to the requested restriction except if the patient requested the physician not disclose protected health information to the patient's health plan with respect to healthcare for which the patient paid for out-of-pocket in full.
- Patients have the right to obtain a paper copy of this notice from OrthoArizona, even if the patient agreed to accept this notice alternatively (i.e. electronically).
- Patients have the right to request an amendment to their protected health information. If OrthoArizona deny a patient's request for an amendment, the patient has the right to file a statement of disagreement and OrthoArizona may prepare a rebuttal to the patient's statement and will provide the patient a copy of any such rebuttal.
- Patients have the right to receive accounting of disclosures, paper or electronic, of their protected health information made by OrthoArizona for the six years prior to the date of the request. OrthoArizona is not required to record disclosures pursuant to a signed consent or authorization.
- OrthoArizona will notify patients if their protected health information has been breached.

## **Confidentiality of Substance Use Disorder Records**

### **SPECIAL PROTECTIONS FOR CERTAIN SUBSTANCE USE DISORDER RECORDS**

Our practice does not provide substance use disorder (SUD) treatment services and is not a federally assisted substance use disorder treatment program.

However, in the course of providing orthopedic care, we may:

Prescribe or manage opioid medications;

Document opioid use or related clinical history; or

Receive medical records from other providers that include substance use disorder treatment information.

Some records created by other providers may be protected under federal confidentiality regulations at 42 C.F.R. Part 2.

When we receive records that are subject to 42 C.F.R. Part 2:

We will maintain those records in accordance with applicable federal confidentiality requirements.

We will not redisclose Part 2-protected information unless permitted or required by law.

A general authorization for the release of medical information may not be sufficient to authorize redisclosure of Part 2-protected records.

We will obtain additional written consent from you if required before redisclosing such records.



### **OPIOID-RELATED DOCUMENTATION**

Information regarding prescribed medications, including opioids, pain management treatment, or clinical observations documented as part of your orthopedic care is protected under the Health Insurance Portability and Accountability Act (HIPAA).

These records are treated as protected health information (PHI) and are used and disclosed in accordance with this Notice. Not all references to substance use or opioid prescribing are subject to 42 C.F.R. Part 2. The additional protections of 42 C.F.R. Part 2 apply only to records originating from federally assisted substance use disorder treatment programs.

#### **Prohibition on Rediscovery (If Applicable)**

If we disclose records that are protected under 42 C.F.R. Part 2, we will include the following statement when required:

“This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the individual to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose.”

OrthoArizona reserves the right to change this notice at any time and will provide the most-up-to-date version for patients to review at any time.

### **COMPLAINTS**

Any person or patient may file a complaint with OrthoArizona and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated, including violations of 42 C.F.R. Part 2 protections. To file a complaint with OrthoArizona, please contact our HIPAA Compliance Officer:

Paula Marshall

602-772-3799

[pmarshall@orthoarizona.org](mailto:pmarshall@orthoarizona.org)

NO retaliatory action will be made by OrthoArizona against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 42 C.F.R. Part 2 and 45 C.F.R. 164.520.

This Notice of Privacy Practices is effective February 15, 2026.

## FINANCIAL POLICY

- The patient/guarantor is directly responsible for payment of medical care provided by OrthoArizona.
- Self-pay patients are responsible to pay all balances in full at the time of service.
- An insurance policy is a contract between patient/guarantor and their insurer. OrthoArizona has no control over what is or is not covered by the insurer of the patient/guarantor.
- All patient/guarantor liable expenses (co-payments, deductibles, co-insurance, etc) are due and will be collected before or at the time of service. (appointment, procedure, surgery, etc.) OrthoArizona reserves the right to reschedule or cancel an appointment, procedure, or surgery if the applicable patient/guarantor liable expenses are not paid in full prior to the time of service.
- Any remaining balances will be billed to the insurer of the patient/guarantor by OrthoArizona, so it is the responsibility of the patient to ensure OrthoArizona always has the most current insurance billing information.
- The patient/guarantor may be responsible for charges, services, or deductibles not covered by the insurer.
- OrthoArizona providers may be considered “out of network” by the insurer of the patient/guarantor. Out-of-pocket expenses are typically higher when a provider is considered “out of network” by the insurer. It is ultimately the responsibility of the patient to know their insurance carrier and provider network.
- OrthoArizona only bills for services rendered by an OrthoArizona provider. The patient/guarantor may receive laboratory, radiology, anesthesiology, or hospital billings from separate entities. It is the responsibility of the patient/guarantor to contact these separate entities or the insurer with questions or concerns about these services, regardless of whether the services were ordered by a OrthoArizona provider.
- If a patient/guarantor’s insurance plan requires pre-authorization or referral from a primary care physician, it is the responsibility of the patient/guarantor to obtain this authorization prior to the office visit . If the authorization is not provided, the charges will be the responsibility of the patient/guarantor.
- OrthoArizona does not accept any third-party billing / liability.
- Arizona law requires insurance companies operating in Arizona to process claims within 30 days. It is the responsibility of the patient/guarantor to promptly provide the insurer with any requested information needed to process the claim.
- OrthoArizona will send a billing statement at least monthly and after every visit which indicates the balance due from the patient/guarantor and which claim(s) are still being processed by the insurer. All patient/guarantor balances are due and payable in full upon receipt of the billing statement.
- Prior to surgery, OrthoArizona will contact the insurer to verify the benefits of the patient/guarantor and obtain authorization. Prior authorization or pre-certification does not guarantee payment from patient/guarantor’s insurance company. Patient/guarantor is responsible for any balances not covered by insurance.
- OrthoArizona considers balances 60 days past due as delinquent and reserves the right to have all past-due balances collected by a third-party service. Past due amounts collected by third-party services usually become public record.
- OrthoArizona reserves the right to charge an administrative fee for:
  - completing medical record requests; insurance, FMLA, or disability forms
  - transferring records to a non-OrthoArizona provider or location
  - appointments that are cancelled with less than 24-hour notice. This fee must be paid before a new appointment is scheduled.
  - returned checks due to insufficient funds
  - any or all charges associated with collection of the past-due balances
- OrthoArizona realizes that sometimes the patient/guarantor may not be able to pay the full amount at the time of service. Please ask to speak to our Billing Office at any time to make suitable payment plan arrangements.
- Workers Compensation cases: It is the responsibility of the patient/guarantor to inform the insurer of the accident date, claim number, primary care physician and any other needed information for a claim.
- Personal Injury cases: If the patient is being treated as part of a personal injury lawsuit or claim, OrthoArizona requires verification from an attorney prior to the initial visit. All OrthoArizona expenses are the responsibility of the patient/guarantor and must be paid in full by an insurer or the patient/guarantor and can not be billed to an attorney. The patient/guarantor acknowledges that OrthoArizona has a lien on any personal injury settlement or recovery pursuant to N.C.G.S 44-49, et seq and the patient/guarantor authorizes the attorney or liability carrier to pay owed lien amounts out of settlement proceeds without further authorization.

## **NOTICE TO PATIENTS**

State law, A.R.S 32-1401 (25)(ff), requires that a physician notify patients that the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient and/or in the non-routine goods or services being prescribed by the physician, and where these are available elsewhere on a competitive basis. OrthoArizona supports this law because it helps patients make reasonable financial decisions concerning their medical care.

In compliance with the requirements of this law, you are being advised that some of the physicians at OrthoArizona have a direct financial interest in the diagnostic or treatment agency or in the non-routine goods or services named below. Further, as indicated below, goods, or services that OrthoArizona physicians may/have prescribed are available elsewhere on a competitive basis.

Diagnostic, treatment agency, or non-routine goods and services that some OrthoArizona physicians have direct financial interest:

- Arizona Specialty Hospital
- Arizona Spine and Joint Hospital
- Center at Arrowhead Skilled Nursing Facility
- Center at Val Vista Skilled Nursing Facility
- Deer Valley Surgery Center
- Desert Vista Surgery Center
- Modern Vascular
- North Valley Surgery Center
- OrthoArizona Scottsdale Surgery Center
- OrthoArizona Surgery Center Gilbert
- SurgCenter Camelback
- Surgical Specialty Hospital of Arizona
- The Orthopedic Surgery Center of Arizona (TOSCA)
- Trusted Care Surgery Center
- Westgate Surgery Center

SOME of the alternate health care facilities available to patients are listed below, however, based on a patient's insurance and personal preference, there may be other options:

- Banner Medical Services
- Abrazo Health Medical Services
- HonorHealth Medical Services
- Dignity Health Medical Services
- Phoenix Children's Hospital
- Sante Rehabilitation
- EVDI Medical Imaging
- Simon Med Imaging