Nebraska Orthopaedic Center 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.

Nebraska Orthopaedic Center, PC (NOC) is dedicated to maintaining the privacy of your protected health information. The law requires us to keep your health information private and to provide you with this Notice describing how we may use and disclose your protected health information, including your medical history, symptoms, examination and test results, diagnoses, and treatment plans, to carry out treatment, payment, and health care operations and for other purposes that are allowed or required by law. This Notice also describes your rights to review and control the use and disclosure of your protected health information. We will report breaches of your unsecured health information as required by law.

We are required to follow the privacy practices described in this Notice. We may change our privacy practices at any time. The revised privacy practices will be set forth in a revised Notice and will be effective for all protected health information that we maintain. Upon your request, we will provide you with a copy of the most recent Notice. A current copy of our Notice of Privacy Practices will be posted in our office in a visible location.

Uses and Disclosures

The law allows us to use and disclose your health information for treatment, payment, and health care operations. The law also allows incidental uses and disclosures of your health information. The following are examples of such uses and disclosures:

- **Treatment**. We will use and disclose your health information to treat you. Individuals within our office may use or disclose your health information to provide, coordinate, and manage your medical care and any related services. This includes the use or disclosure of your health information to aid in the coordination or management of your medical care with a third party. For example, your health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- **Payment**. Your health information will be used or disclosed, as needed, to allow us to obtain payment for health care services provided to you. For example, a statement may be sent to you or a third-party payer. The information on or accompanying the statement may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Payment activities may also include those your health insurance plan undertakes before it approves or pays for the health care services we provide for you. We may disclose health information about you to other qualified parties for their payment purposes.
- **Health Care Operations**. We may use or disclose, as needed, your health information to operate our business. We may also disclose your health information to another health care provider of yours for the operation of their business. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, licensing, and conducting or arranging for other business activities.
- **Others Involved in Your Healthcare**. We may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care or who has responsibility for payment of your health care. We may also use or disclose your health information to notify or assist in notifying a relative or any person responsible for your care, of your location, general condition or

death. If you are not present or able to express an objection or request a restriction to such use or disclosure, we may, using our professional judgment, determine whether the use or disclosure is in your best interest. Further, in the event of your death, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care or who has responsibility for payment of your health care, unless such disclosure is inconsistent with your prior expressed preference that is known to us. In addition, we may use or disclose your health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating the above uses and disclosures to your family or other individuals involved in your health care.

- **Teaching**. As a teaching site, residents, fellows, and students of medicine may be assisting with your care under the supervision of a licensed health care provider as a part of their professional health care training program. This is considered part of our health care operations.
- **Research**. We may disclose your health information to a researcher when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Business Associates**. There are some services we provide or obtain through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. Business associates are required to safeguard your health information.
- **Contacting You**. We may contact you by phone, text, mail or secure email (unless you request otherwise) to provide appointment reminders, insurance updates, billing and payment information, test results or information about treatment alternatives or other health–related benefits and services that may be of interest to you. We may leave a brief message with minimal information at the phone number you have provided. You may opt out of voicemail, text message, or emails at your request.
- **Workers Compensation**. We may disclose your health information necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health**. As required by law, we may disclose your health information to:
    - Public health or legal authorities charged with preventing or controlling disease, injury, or disability.
    - FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products.
    - A person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **As Required by Law**. We may use or disclose your health information if we are legally required to do so by federal, state, or local law including to a public health authority to report abuse, neglect, or domestic violence or to the Secretary of the Department of Health and Human Services to evaluate our compliance with privacy laws. We are not required to inform you or your personal representative of such disclosure if we believe informing you would place you at risk for serious harm, in the exercise of our professional judgment.
- **Legal Proceedings**. We may disclose your health information during any judicial or administrative proceeding, in response to a court order and, in certain conditions, in response to a subpoena, discovery request or other lawful process.
- **Health Oversight Activities**. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Military and Veterans activities**. We may disclose your health information for activities deemed necessary by appropriate military command authorities or authorized federal officials for the purpose of proper military mission, intelligence, counter-intelligence or other national security activities.
- **Incidental Uses and Disclosures**. There are certain incidental uses or disclosure of your health information that occur while we are providing services to you or conducting our business. Such

uses and disclosures may occur because they cannot reasonably be prevented. For example, when your name is called in the waiting room, we cannot reasonably prevent others from overhearing your name.

- **Law Enforcement**. We may disclose your health information, so long as applicable legal requirements are met, to law enforcement officials, for law enforcement purposes including the following:
    - As required by law, including reporting certain wounds and physical injuries;
    - In response to a court order, subpoena, warrant, summons or similar process;
    - To identify or locate a suspect, fugitive, material witness or missing person;
    - If you are the victim of a crime if we obtain your agreement or, under certain limited circumstances, if we are unable to obtain your agreement;
    - To alert authorities of a death we believe may be the result of criminal conduct;
    - Information we believe is evidence of criminal conduct occurring on our premises; and
    - 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, Funeral Directors and Organ Donation**. We may disclose your health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your health information to a funeral director to permit the funeral director to carry out his/her duties. Your health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- **Threat to Health or Safety**. We may disclose your health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Employers**. We may disclose your health information to your employer obtained in providing medical services to you at the request of your employer for purposes of conducting an evaluation relating to medical surveillance of the workplace or determining whether you have a work-related illness or injury when such medical services are needed by the employer to comply with certain legal requirements.
- **Fundraising.** We may contact you as part of a fundraising effort. We may also use or disclose to a business associate or to an institutionally related foundation, certain medical information about you, such as your name, address, phone number, dates you received treatment or services, treating physician, outcome information and department of service (for example, cardiology or orthopedics), so that we or they may contact you to raise money for the entities covered by this Notice. Any time you are contacted, whether in writing, by phone or by other means for our fundraising purposes, you will have the opportunity to "opt out" and not receive further fundraising communications related to the specific fundraising campaign or appeal for which you are being contacted, unless we have already sent a communication prior to receiving notice of your election to opt out.
- **Inmates.** 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. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the

institution, and/or (c) to protect your health and safety or the health and safety of other individuals

- **Health Information Exchange.** We participate in one or more electronic health information exchanges which permits us to electronically exchange medical information about you with other participating providers (for example, doctors and hospitals) and health plans and their business associates. For example, we may permit a health plan that insures you to electronically access our records about you to verify a claim for payment for services we provide to you. Or, we may permit a physician providing care to you to electronically access our records in order to have up to date information with which to treat you. Participation in a health information exchange also lets us electronically access medical information from other participating providers and health plans for our treatment, payment and health care operations purposes as described in this Notice. We may in the future allow other parties, for example, public health departments that participate in the health information exchange, to access your medical information electronically for their permitted purposes as described in this Notice.
- **Breach Notification**. We are required by law to notify you of a breach of your unsecured medical information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

Privacy Protections for Reproductive and Substance Use Disorder Health Care

While these sections are not related to services rendered at Nebraska Orthopaedic Center, the HIPAA Notice of Privacy Practices requires these sections be added effective February 16, 2026:

- **Protections for Reproductive Health Care:** We will not use or share your information related to lawful reproductive health care for legal actions (like investigations or court cases). For example, we cannot disclose records showing you sought an abortion, even if you're asked in a legal proceeding.
- **Attestations for Disclosure:** In some cases, we need a signed statement (attestation) from the recipient before we can share reproductive health information, ensuring they'll use it only as permitted.
- **Substance Use Disorder (SUD) Records:** Information about your substance use treatment is kept separate and has extra protections. We may not be able to share these records, even if you ask, as they are subject to stricter federal rules (42 CFR Part 2).

Uses and Disclosures of Health Information Requiring Authorization

The following uses and disclosures will only be made with your authorization.

- Uses and disclosures not listed above.
- Uses and disclosures of psychotherapy notes, except to carry out treatment, payment or healthcare operations.
- Sale of your health information.
- Marketing, except if the communication is in the form of:
    - Face-to-face communication made by us to you.
    - A promotional gift of nominal value we provide.
    - New services we are providing.

A valid authorization must contain a description of information to be used, name of person(s) authorized to make the disclosure or use, name of person(s) to whom we may make the requested use or disclosure, description or purpose, expiration date or event, signature and date. You may revoke an authorization at any time provided that the revocation is in writing. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

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Your Rights to Privacy

- **Access**. You have a limited right, subject to grounds of denial, to look at your medical and billing records and obtain a copy. We may charge you a reasonable fee for the cost of copying, mailing, or other supplies needed to respond to your request. Submit your request for access to or copies of your health information, in writing, to the Medical Records Department. In most cases, we have 30 days to respond to your request. If we maintain your health information electronically, we will provide you with a copy of your medical record in the electronic form and format that you request, if we can readily produce such format. If we cannot readily produce the format you requested, we will produce your electronic health information in at least one readable electronic format as agreed to between you and us. If your request directs us to transmit the copy of your health information directly to another person, we will provide the copy of your health information to the person you designated, if your request was made inwriting, signed by you and clearly identifies the designated person and where to send the copy of your health information.
- **Amendments**. You may request an amendment of your health information. Such request must be in writing and provided to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement that will become part of your record. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make and any such response will become part of your record.
- **Confidential Communications**. You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home rather than work. To request a type of confidential communication, you must make request in writing to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our office will accommodate reasonable requests. We will not ask you the reason for your request.
- **Disclosure Accounting**. You have the right to receive an accounting of certain disclosures we have made, if any, of your health information. This right applies to disclosures made in the six years prior to the date on which the accounting is requested, except for disclosures (i) to carry out treatment, payment or healthcare operations; (ii) made directly to you; (iii) incident to a use or disclosure otherwise permitted or required by law; (iv) pursuant to a written authorization; (v) to persons involved in your care or for notification purposes; (vi) for national security or intelligence purposes; or (vii) as part of a limited data set. The right to receive an accounting is subject to certain restrictions and limitations. Your request for an accounting must be in writing, addressed to our Privacy Officer.
- **Restrictions**. You may request restrictions on how your health information is used for treatment, payment, or health care operations, or shared with family members or others who are involved in your care. Except as provided below, we may deny your request. If we agree to a restriction, it may be lifted if use of your health information is necessary to provide emergency treatment. Submit requests, in writing, to the Privacy Office specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request.
- **Restrictions Involving Self Pay**. If your request to restrict disclosure of your health information is to a healthcare plan and the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and pertains solely to a healthcare item or service(s) for which you or another person other than the health plan has paid us in full, we must agree to such restriction and we may not terminate this restriction.

Compliants

It is our policy that all complaints relating to the protection of your health information be investigated

and resolved in a timely fashion. All complaints need to be submitted, in writing, to the Privacy Officer, who will investigate complaints and implement resolutions if the complaint stems from a valid area of noncompliance with the HIPAA Privacy and Security Rule. There will be no retaliation for filing a complaint. You may also complain to the Secretary of Department of Health and Human Services if you believe we have violated your privacy rights.

Privacy Officer Contact Information:

If you have any questions about this Notice, you may contact our Privacy Officer by telephone, facsimile, or mail at the address below. If, however, you want to exercise any of your rights pursuant to this Notice of Privacy Practices or have a complaint, such action must be in writing and mailed to our Privacy Officer at the address set forth below:

Nebraska Orthopaedic Center, PC
Attn: Privacy Officer
6900 A St.
Lincoln, NE 68510
Phone: (402) 436-2000
Hours: Monday-Friday, 8 a.m. – 5 p.m. CST