SOUTHERN PINES
ORTHOPAEDIC SURGERY
CENTER

EFFECTIVE DATE
04/01/2026

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.

Your Rights

You have the right to:

- Inspect and obtain a copy of your paper or electronic medical record.
- Ask us to correct or amend health information you believe is incorrect or incomplete.
- Request that we communicate with you in a specific way or at a specific location.
- Ask us to limit certain uses or disclosures of your health information. We are not required to agree, except as described in the next item.
- Request that information about services you paid for in full out of pocket not be disclosed to your health plan for payment or health care operations, unless disclosure is required by law. We will agree to this request.
- Receive an accounting of certain disclosures made during the six years before your request.
- Obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- Designate a legally authorized representative to exercise your privacy rights.
- File a complaint if you believe your privacy rights have been violated.

Your Choices

- For certain uses and disclosures, you may tell us your preferences, such as sharing information with family members, friends, or others involved in your care.
- Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, the sale of protected health information, and other uses not described in this Notice require your written authorization.
- You may revoke an authorization in writing at any time, except to the extent we have already acted on it.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this Notice and provide you with a copy.
- Use or disclose your information only as permitted by law or as you authorize.

How We May Use and Disclose Your Health Information

We may use or disclose your protected health information without your written authorization when permitted or required by law, including for:

- **Treatment.** With physicians, nurses, anesthesia providers, hospitals, pharmacies, and other professionals involved in your care.
- **Payment.** To bill and obtain payment from health plans, insurers, or other responsible payers.
- **Health Care Operations.** Activities needed to operate the facility, including quality assessment, patient safety, credentialing, auditing, compliance, and administration.
- **Public Health and Safety.** Public health reporting, disease prevention, product recalls, adverse-event reporting, or to prevent a serious threat to health or safety.
- **Abuse, Neglect, or Domestic Violence.** To governmental or protective agencies when authorized or required by law.
- **Law Enforcement and Legal Proceedings.** In response to certain law-enforcement requests, court orders, subpoenas, or other legal processes.
- **Workers' Compensation.** As authorized or required for workers' compensation or similar programs.
- **Health Oversight.** To agencies for audits, inspections, investigations, and licensure or regulatory activities.
- **Coroners, Medical Examiners, and Funeral Directors.** As permitted by law.
- **Organ and Tissue Donation.** To facilitate organ, eye, or tissue donation and transplantation.
- **Other Uses Required or Permitted by Law.**

Substance Use Disorder Records

Certain substance use disorder treatment records receive additional protection under federal law, including 42 CFR Part 2. If we receive or maintain records protected by Part 2, we generally use or disclose them for treatment, payment, and health care operations only with your written consent, and records disclosed with your consent may be further disclosed only as federal law permits.

Part 2 records, and testimony describing them, will not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court issues an order after you receive notice and an opportunity to be heard.

Changes to This Notice

We may change the terms of this Notice, and changes may apply to all information we maintain about you. A revised Notice will be available on request, at the facility, and at sposc.com.

Questions or Privacy Complaints

If you have questions about this Notice or believe your privacy rights have been violated, contact our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Privacy Officer

Southern Pines Orthopaedic Surgery Center
305 Pavilion Way, Southern Pines, NC 28387
910-725-6750

U.S. Dept. of Health & Human Services

Office for Civil Rights
200 Independence Avenue, S.W., Washington, DC 20201
1-877-696-6775
www.hhs.gov/ocr/complaints

We will not retaliate against you for filing a complaint. Ask at registration for your own copy of this Notice.

Free language assistance and auxiliary aids are available. Ask any staff member or call **910-725-6740** (TTY: 711).