



# Hoag Orthopedic Institute Patient Information



Hoag  
Orthopedic  
Institute



May 2021

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# Welcome to Hoag Orthopedic Institute

Our goal is to provide you with excellent care and to make your stay as comfortable and safe as possible so you can get back to you.

## IMPORTANT CONTACT NUMBERS

|  |              |
|--|--------------|
| Hoag Orthopedic Institute Main Number                  | 949-725-5000 |
| 2 <sup>nd</sup> Floor Nurses' Station                  | 949-727-5200 |
| 3 <sup>rd</sup> Floor Nurses' Station                  | 949-727-5300 |
| Advance Directive Information – Patient Representative | 949-727-5151 |
| Surgery Waiting Area                                   | ext. 82287   |

## VISITING HOURS

Hoag Orthopedic Institute encourages a flexible schedule of visiting hours for our patients.

**2 p.m. to 4 p.m. and 10 p.m. to 6 a.m. – “Quiet time” observed** – so patients can rest.

**After 10 p.m.**, the front doors to the hospital are locked and visitors will need to enter the facility through the emergency room entrance.

As an Orange County leader in the provision of quality healthcare, the Hoag Orthopedic Institute campus and all other Hoag-affiliated properties are designated smoke-free zones. Smoking is prohibited at these locations. Allow us to partner with you in taking this important step to quit smoking by utilizing the smoking cessation resources available through Hoag Orthopedic Institute. For information on the Freedom from Smoking® American Lung Association program, please call 1-800-LUNGUSA.

As a recipient of Federal financial assistance, Hoag Orthopedic Institute does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Hoag Orthopedic Institute directly or through a contractor or any other entity with which Hoag Orthopedic Institute arranges to carry out its programs and activities.

# STEPS TO IMPROVE THE SAFETY OF YOUR HEALTH CARE

## IMPORTANT PATIENT SAFETY INFORMATION

*Hoag Orthopedic Institute wants you to be safe while under our care. Here's how you can play an important role by becoming involved and informed.*

### 1. Become an active member in your health care

- Ask questions and get answers that you understand.
- Include a relative or trusted friend who understands your wishes and preferences and who can speak for you if you cannot.
- Understand any procedure or operation that is recommended, including the benefits, risks, alternatives, and expected outcome if you decide not to proceed.
- To help prevent errors, we place a mark on your skin to identify the correct site prior to certain procedures or operations – you may be asked to help confirm that the mark is correctly placed.

### 2. Help us to know who you are

- Always use your legal name for your hospital stay and testing.

### 3. Be sure that you know who we are

- You should know the name of the physician who is primarily involved in coordinating your care.
- You should know the name of any other physician or non-physician who is treating you, as well as their role.
- All of your caregivers should identify themselves and explain how they are involved in your care.

### 4. Know your medications

- Keep a list of all prescription, herbal, and over-the-counter medications (including vitamins) that you take, and bring the list when you come to the hospital or the doctor's office.
- Make sure that your physicians and nurses know about any allergies or bad reactions that you have experienced related to medication, food, latex, etc.
- When you are given a new prescription, ask what the medication is for, possible side effects, and interactions with other drugs or foods.
- Know when and how to take your medications.
- Before you leave the hospital, be sure that you have instructions about how to take all your medications – both new prescriptions and your usual medications.

### 5. Help us to keep you from falling

- Inform your caregivers if you have a tendency to be unsteady on your feet, a history of falling, or if you are dizzy or light-headed. Continue to use your cane or walker in the hospital, if you do so at home.
- Follow instructions if your nurse tells you that you must have someone help you when getting out of bed.
- Since most falls occur when going to the bathroom, ask for assistance in getting to the bathroom ahead of time – try not to wait until an urgent situation occurs.
- Tell the staff if you see spilled liquids on the floor.

## **6. Help us to prevent infections**

- Handwashing with soap and water or use of a disinfectant hand sanitizer should be done by hospital personnel, as well as visitors, before entering and when leaving room before and after patient contact.
- If you do not observe that this was done by each caregiver, please ask them if they have cleaned their hands – disinfectant hand gel dispensers are widely available throughout the hospital.
- Hospital staff, visitors, and patients should use a tissue and cover their nose and mouth when sneezing and coughing.
- Visitors who may have contagious diseases should refrain from entering the hospital.

## **7. If you have a disease or germs that could be spread to others**

- You may be placed in special precautions depending on the method your disease or germs may spread to others.
- Know hospital staff may wear gloves, gowns and/or a mask when in your room. Visitors should wear gloves, gown and/or a mask as directed when visiting patients.
- Understand caregivers and visitors should wash hands and use disinfectant hand sanitizers before putting on gloves and after removing them.
- Clean your hands often, especially after using the bathroom and before eating.
- Know you may be restricted to your room (except for treatments and tests).
- Understand you may need special testing. Your doctor will tell you.

## **8. Help us to prevent infections associated with devices such as ventilators, central lines and Foley catheters**

- Ask your doctors and nurses to explain why you need the device and how long you will have it.
- Understand all caregivers should clean their hands with soap and water or a disinfectant hand sanitizer before and after caring for you.
- Ask your doctor or nurse what steps they are taking to prevent an infection when you have this device.
- Don't let visitors touch the device.
- Make sure visitors clean their hands with soap and water or disinfectant hand sanitizer before and after visiting you.
- Ask (or your family member can ask) if you still need the device.

## **9. For surgical patients**

Your Hoag Orthopedic Institute surgical team will take many steps to ensure your safety, including:

- Repeatedly verifying the correct patient, surgery and site.
- Marking the procedure site.
- Best practices to prevent surgical infections.
- A final “time out” to ensure the team is ready to proceed.
- In addition to checking your I.D. wristband, expect that you will be asked to verbally identify yourself many times while you are at the hospital – although it will seem redundant, it is an essential step in ensuring your safety.

### **10. Before you go home**

- Understand what medications you are to take, and how to take them.
- Know whether there are restrictions on your diet or activity.
- Know how to care for any dressings and manage any special equipment.
- Know what follow-up physician appointments you need.
- Understand what danger signs to look for, so you will know when to call your physician.
- Make a list of questions to ask before you go home.

### **11. About your valuables and belongings**

- It is best to send home all valuables and belongings that you will not need while you are here.
- Please do not bring any medications with you UNLESS you were asked to bring them in by the nurse. The hospital will dispense all medication that you require.
- If not sent home, these will be managed by our Security staff – valuables such as money and credit cards will be locked in a vault, and other belongings will be safely stored.
- We have containers to store and protect your eyeglasses, dentures, and hearing aids – please ask for them and use them.

### **12. If you have concerns**

We want to know if you or your family have concerns about your safety. We strongly encourage you to discuss any safety concerns with our physicians and/or the nursing staff – write them down so you won't forget.

You can also call Hoag Orthopedic Institute's Patient Relations Department at 949-727-5151.

If concerns cannot be resolved, you can file a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process.

California Department of Public Health  
681 South Parker Street, Suite 200  
Orange, CA 92868  
714-567-2906  
Toll Free: 800-228-5234

You can also file a complaint with DNV GL – Healthcare USA, Inc., the accrediting agency, by calling toll free: 866-496-9647

Regular mail: DNV GL Healthcare;  
Attn: Complaints  
400 Techne Center Drive, Suite 100  
Milford, OH 45150

Website: [www.dnvglhealthcare.com](http://www.dnvglhealthcare.com),  
"Hospital Complaint" link  
Email: [hospitalcomplaint@dnvgl.com](mailto:hospitalcomplaint@dnvgl.com).

# SAFETY IS OUR PRIORITY

## “CONDITION H”

*Condition H is a national initiative that allows patients or family members to pick up a phone and call for immediate assistance in the situation of a medical emergency.*

### **Dedicated to making the hospital a safe place for patient care**

At Hoag Orthopedic Institute we are dedicated to patient centered care. Your safety is our top priority. We welcome you and your family to partner with us to ensure optimal care during your stay.

Condition H is available to address the needs of the patient in case of an emergency or when the patient has a serious health concern. The call provides our patients and families with an avenue to call for immediate help when they are in need of immediate medical attention.

### **When to call**

- If you or your family member believes there has been a worrisome change in the patient's condition and the healthcare team is not recognizing the concern.
- If after speaking with a member of the health care team (i.e. nurses, physicians), you continue to have serious concerns about how care is being given, managed or planned.

### **Always contact your nurse for any health care concern.**

To access Condition H, please dial ext 51231 – or – 0. The operator will ask your name, room number, patient name and patient concern. The operator will immediately activate a Condition H team to assess the situation.

Additional clinical support staff will be called in as needed. In offering our families the Condition H option, we want you to know that you are our partners in care. If you have any questions, please discuss them with one of your healthcare providers.

### **When not to call**

Do not call Condition H if concerns are the following:

- Diet
- Water pitcher needs to be filled
- TV
- Basic environmental concerns
- Phone
- Housekeeping concern
- Temperature in room
- Or similar non-medical problems.

Please call for staff in your unit for assistance or to access GetWell - our patient education network.

# YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT

*As a patient at Hoag Orthopedic Institute, you have certain rights and responsibilities that are inherent in your health care. To receive the best possible care, it is important that you play an active role in your medical treatment. It is the responsibility of your health care team to include you in that process.*

## PATIENT RIGHTS

You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, pastoral and spiritual needs, and your personal values, dignity, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician be notified promptly of your admission to the hospital. Your family, as appropriate and as allowed by law, with your permission or your surrogate decision maker's permission, can be involved in your care, treatment and service decisions.
3. Knowledge of the name of the licensed health-care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and assistance with or provision of interpretation and translation services, at no charge to you. You have the right to have your needs for vision, speech, hearing, language and cognitive impairments addressed.
5. You have the right to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Participate in decisions regarding medical care including the right to request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed health care practitioner acting within the scope of their professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to

relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe opiate medication but, if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.

- 10.** Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
- 11.** Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
- 12.** Confidential treatment of all communications and records pertaining to your care and stay in the hospital. Written permission must be obtained before the medical records can be made available to anyone not directly concerned with your care. Included in this packet is the Notice of Privacy Practices that explains your privacy rights in detail and how we may use and disclose your protected health information.
- 13.** Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
- 14.** Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- 15.** Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
- 16.** Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided with this information also.
- 17.** Know which hospital rules and policies apply to your conduct while a patient.
- 18.** Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage or registered domestic partner, unless:
  - No visitors are allowed.
  - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
  - You have told the health facility staff that you no longer want a particular person to visit.
  - However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

## PATIENT RIGHTS *continued*

19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, citizenship, primary language or immigration status (except as required by federal law), sexual orientation, gender identity/expression, age, genetic information, disability, medical condition, marital status, registered domestic partner status or the source of payment for care.
22. File a grievance. If you want to file a grievance with Hoag Orthopedic Institute, you may write to:

Hoag Orthopedic Institute  
Attn: Administration  
16250 Sand Canyon Avenue  
Irvine, CA 92618  
Or call: 949-727-5259

The grievance committee will review each grievance and provide you with a written response within seven days. The written response will contain the name of the person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process.

Concerns regarding the quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Committee(s).

For Medicare grievances you may also contact:

Livanta,  
BFCC-QIO Program Area 5  
10830 Guilford Road, Suite 312,  
Annapolis Junction, MD 20701  
877-588-1123

23. File a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process.

California Department of Public Health  
681 South Parker Street, Suite 200  
Orange, CA 92868  
800-228-5234

You can also file a complaint with DNV GL Healthcare, the accrediting agency by calling toll free 866-496-9647; or via regular mail:

Attn: Complaints  
400 Techne Center Drive, Suite 100  
Milford, OH 45150

Website: [www.dnvglhealthcare.com](http://www.dnvglhealthcare.com)  
"Hospital Complaint" Link

## PATIENT RESPONSIBILITIES

As a patient, you have the following responsibilities:

- To provide complete and accurate information about present complaints, past illnesses, hospitalizations, medications, advance directives and other matters relating to your health.
- To ask questions when you do not understand information or instructions.
- To follow the instructions and treatment plan recommended by your physician and health care team.
- To report changes in your condition to your physician or a member of your health care team as soon as possible.
- To be involved in your own care including plans for pain control and discharge planning.

- To tell your doctor if you believe you cannot follow through with your plan of care or treatment.
- To accept the consequences for the outcomes if you do not follow instructions for care and service plans or if you refuse treatment.
- To follow the hospital's rules and regulations affecting patient care and conduct.
- To be considerate of the rights of other patients and hospital staff, and to respect the property of other persons and the hospital.
- To notify your care providers if you have any safety concerns or questions regarding your care or environment.
- To provide accurate and timely information concerning your sources of payment and to work with the hospital to meet your financial commitments, when needed.
- To provide a copy of your written advance directive, if you have completed one.

Hoag Orthopedic Institute is a smoke-free facility. Smoking is prohibited in the hospital and on hospital grounds. There are no designated smoking areas.

## YOUR RIGHT TO MAKE DECISIONS ABOUT MEDICAL TREATMENT

The following information explains your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.

- A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.

### Who decides about my treatment?

Your doctors will give you information and advice about treatment. You have the right to choose. You can say “Yes” to treatments you want. You can say “No” to any treatment that you don’t want – even if the treatment might keep you alive longer.

### How do I know what I want?

Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have “side effects.” Your doctor must offer you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you – and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can’t choose for you. That choice is yours to make and depends on what is important to you.

### Can other people help with my decisions?

Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

### Can I choose a relative or friend to make healthcare decisions for me?

Yes. You may tell your doctor that you want someone else to make healthcare decisions for you. Ask the doctor to list that person as your healthcare “surrogate” in your medical record.

### What if I become too sick to make my own healthcare decisions?

If you haven’t named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn’t agree about what to do. That’s why it is helpful if you can say in advance what you want to happen if you cannot speak for yourself. The surrogate’s control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.

## **YOUR RIGHT TO MAKE DECISIONS ABOUT MEDICAL TREATMENT** continued

### **Do I have to wait until I am sick to express my wishes about health care?**

No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an Advance Health Care Directive to say who you want to speak for you and what kind of treatments you want. These documents are called “advance” because you prepare one before healthcare decisions need to be made. They are called “directives” because they state who will speak on your behalf and what should be done. In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a Power of Attorney for Health Care. The part where you can express what you want done is called an Individual Health Care Instruction.

### **Who can make an advance directive?**

You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

### **Who can I name as my agent?**

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

### **When does my agent begin making my medical decisions?**

Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that you want the agent to begin making decisions immediately.

### **How does my agent know what I would want?**

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.

### **What if I don't want to name an agent?**

You can still write out your wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible. Or you can say that you would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written Individual Health Care Instruction, you can discuss your wishes with your doctor, and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family members or friends. But it will probably be easier to follow your wishes if you write them down.

### **What if I change my mind?**

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

## **What happens when someone else makes decisions about my treatment?**

The same rules apply to anyone who makes healthcare decisions on your behalf – a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest. The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

## **Will I still be treated if I don't make an advance directive?**

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that:

- A Power of Attorney for Health Care lets you name an agent to make decisions for you. Your agent can make most medical decisions – not just those about life-sustaining treatment – when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.
- You can create an Individual Healthcare Instruction by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in

your medical file. If you know when you would or would not want certain types of treatment, an Instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf. These two types of Advance Health Care Directives may be used together or separately.

## **How can I get more information about making an advance directive?**

Ask your doctor, nurse, care manager, or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by filling in the blanks on a form.

Hoag Orthopedic Institute has the Advance Healthcare Directive Form available for download on its website. Forms can be downloaded at [www.hoagorthopedicinstitute.com](http://www.hoagorthopedicinstitute.com).

## **Information from Hoag Orthopedic Institute**

Be a responsible patient by being pro-active in your health care. Hoag Orthopedic Institute is your partner in health care, working to provide care efficiently and fairly to all patients and the community.

Resources from nursing, social services, patient relations, pastoral care and other disciplines are available to help address your concerns. For assistance, please contact:

HOI Patient Relations at 949-727-5151, #5  
or Care Management at 949-727-5439

# PAIN MANAGEMENT PATIENT INFORMATION

*Some pain is expected with any surgery but our goal is to assist you in minimizing your pain within your established goals for your comfort.*

## Safe and Effective Pain Control

Safe pain control is the use of medication and other therapies to control pain with the least amount of side effects. Your surgical team will work with you to:

- Screen for current opioid use and risk for overuse
- Use alternatives to opioids whenever possible.
- Educate you about using the lowest dose of opioids for the shortest amount of time & safely getting rid of any unused opioids

## How does pain affect my recovery?

Unrelieved pain can delay your recovery process. Our goal is to provide balanced pain control so that you can participate in activities that help return you to your best level of functioning, for example, keep you moving and ambulating.

## What should I tell my doctor and nurse about my pain?

Any time you experience pain, inform your physician or registered nurse (RN) even if they don't ask you. They may ask you to describe how bad your pain is on a scale of 0 (zero) to 10 with 0 being no pain and 10 being the most severe pain you have ever had. They may use a scale, faces or descriptors when asking.

## Why is it important to be asked about my pain level so frequently?

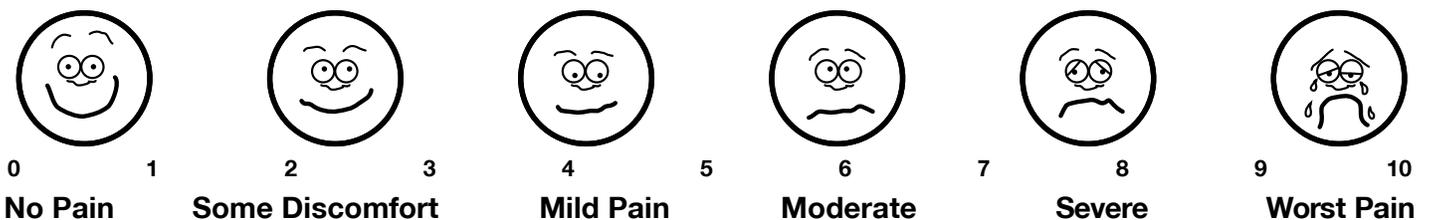
Expect to progress in your activity level. Your pain may change over time. Also following different activities, tests or procedures, your pain medication may not be working effectively. It is important to report what makes your pain better or worse. The RN and physician will also be monitoring any untoward side effects of the pain medication to make sure you do not get overly sedated.

## How can my pain be controlled?

Pain relief options are numerous and include a combination of therapies and medications such as non-opioids, anti-spasmodics, anti-inflammatories, or opioids. Commonly administered opioids are oxycodone or hydrocodone-acetaminophen or Norco™. There are also pain control methods that don't involve medicine, such as distraction, relaxation, repositioning, cold packs or massage.

## What if my pain is still not controlled?

Some amount of pain or discomfort is expected after surgery. The RNs and physicians need your help to evaluate how the medicine is working. Inform them if you have pain that is not relieved and/or in any location other than what you expected. There may be another modality or medication that may work better for you.



### **How can I safely use opioids to manage my pain?**

Take the lowest dose possible for the shortest amount of time. For surgical patients with severe pain, addiction is rare when opioids are used for 5 days or less, but is still a risk for many in the United States today. The soonest you can wean off opioids to non-opioids is the safest way to manage your pain.

Never take more medication than prescribed. Do not crush pills, which can speed the rate your body absorbs the opioid and cause an overdose.

### **What if I have allergies to medications, foods or substances?**

Tell the RN what your allergies are, and what type of reaction you have experienced in the past. Make sure it is written on your allergy armband.

### **What if I have chronic pain?**

Let your RN and physician know what type of ongoing chronic pain you have been experiencing, and what medications or treatments have been effective for you. A pain management specialist may be added to your team to oversee your pain plan.

### **What are the side effects of opioids?**

Common side effects of opioid medication can include: Nausea, itchiness, constipation, difficulty urinating, and sedation. If you are bothered by any of these side effects tell the RN and/or physician. The staff will be checking your breathing and sedation level on a regular basis. It may be necessary to wake you in order to safely evaluate your breathing. If you develop any unusual feelings while receiving medication, notify the RN immediately.

### **How do I store or get rid of my leftover opioids?**

For the safe storage of opioids:

- Keep out of reach of children or pets
- Hide or lock up medications
- Keep medication in its original container so you do not take it by mistake
- Keep track of the location and number of pills in the bottle

Dispose of opioids as soon as they are no longer needed at a drug take-back program or safe drop site.

# COMMON QUESTIONS ABOUT YOUR BILLING

*Hoag Orthopedic Institute's business office has prepared this guide to answer the most commonly asked questions about your bill. If you have additional questions, please call 949-764-8400.*

## FINANCIAL COUNSELORS

Financial counselors are available to discuss financial assistance programs. Call 949-764-5564 to speak to a counselor.

## HOAG ORTHOPEDIC INSTITUTE'S BILLING PROCESS

All patients deductibles, co-insurance, co-pays and noncovered services will be collected prior to or at the time of service and/or once your insurance company processes and pays your claim. Many of the insurance companies send you an explanation of benefits which explains how they process the claim and what is considered patient liability and owed by you.

### Medicare Enrollees

We will bill Medicare and your secondary insurance following receipt of Medicare's payment. Once your secondary insurance has been billed, you will receive periodic statements advising you of the balance due. These amounts are patient liability and due upon receipt of the statement.

### PPO/EPO/HMO and Medicare Risk Members (Managed Care)

We will bill your contracted insurance carrier. We do expect any unmet deductible, co-insurance or co-payments or non-covered to be paid at the time or before services are rendered. These amounts will be applied to your account pending your insurance payers processing of your claim. Once final payment is received, a statement of any remaining amount due will be sent to you.

### Medi-Cal/CalOptima

With verified eligibility and receipt of any monthly share of the cost, we will bill Medi-Cal/CalOptima for authorized services.

### Worker's Compensation

We will bill any approved Worker's Compensation payers with an approved certification and authorization number. If the employer has not accepted liability for the claim, Worker's Compensation cannot be accepted or billed.

### Foreign Travel Insurance

We do not accept Foreign Travel Policies. We will expect payment for all services and provide you with a receipt which you can submit to your insurance. They will reimburse you directly.

### Cash

Those patients with no insurance coverage will be expected to make payment at the time or before services are rendered. We do offer a self-pay discount which will be applied before payment is accepted. We will supply you with a paid receipt for your records, insurance or tax purposes. For a quote on services, please call 949-727-5060.

### Balance Billing – Patient Responsibility

If you are unable to pay for your portion of your bill in full, please contact us to arrange mutually acceptable payment options.

## FREQUENTLY ASKED QUESTIONS

### **What does the balance I am being billed for represent?**

The balance after your insurance has paid reflects any remaining deductible or co-insurance amount. Your insurance company is best able to help clarify your amount due. Most insurance companies provide you with an Explanation of Benefits to help answer any questions.

### **Does Hoag Orthopedic Institute accept assignment from Medicare?**

Yes. By accepting assignment, Hoag Orthopedic Institute agrees not to bill the patient for any charges Medicare disallows. However, we do bill patients for deductibles, coinsurance amounts and non-covered services.

### **Do you bill my insurance company?**

Yes. Hoag Orthopedic Institute will bill for hospital services. Please remember to present your current insurance information at time of registration.

### **Will you bill my secondary policy too?**

Yes. Upon receiving payment or denial from your primary insurance, we will gladly bill your secondary insurance for any balance remaining.

### **Will I receive an itemized statement?**

If at any time you wish to receive an itemized statement of your charges and payments, please call our Patient Accounting department and a representative will order one to be mailed to you. This process usually takes two or three days.

### **Do you accept my insurance company's payment as payment in full?**

Patients are responsible to pay for their deductibles, co-insurance, non-covered services and co-payment amounts as indicated by their insurance company prior to or at the time of service.

### **Will my insurance cover these services?**

Coverage varies. Please call your insurance company, plan administrator, insurance broker or the benefits department (sometimes human resources) of your employer with any questions regarding coverage.

### **Who else might I receive a bill from?**

You will be billed separately by each physician involved in your care. These physicians usually include your surgeon, assistant surgeon, anesthesiologist, radiologist (if X-rays are performed), pathologist (if pathology specimens are examined), cardiologist, and any physician who may interpret an exam ordered by your doctor.

### **Why do I have more than one account number?**

A separate accounting number is generated for each outpatient date of service and each inpatient admission. This enables us to bill for specific charges and diagnosis relating to your care for that date of service, and enables your insurance company to apply the proper benefits.

### **Who can I call if I have questions about my bill?**

Please call our Patient Financial Services department at 949-764-8400. Our representatives will be happy to help you.

The Patient Accounting staff is available Monday through Friday from 8:30 a.m. - 4:30 p.m. to provide customer service to our patients regarding service at Hoag Orthopedic Institute.

## FACTS TO KNOW

Be sure to read and understand your available benefits and coverage limits. If you are unclear on any coverage, contact your insurance company for guidance.

- 1.** Please contact your insurance company for authorization for hospital services if it is a plan requirement. You may be heavily penalized, or services may be denied by your carrier, if authorization is not obtained in the time frame your policy indicates.
- 2.** Hoag Orthopedic Institute offers patient estimates of out of pocket expenses based on services ordered by your physician. These are only estimates and the final balance due is based solely on your insurance carrier's processing of the claim.
- 3.** Diagnosis and clinical information are supplied by your physician or based upon the documentation generated as a part of your care. Any questions regarding diagnosis coding should be discussed with your physician.

# 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.*

## WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of Hoag Orthopedic Institute (“HOI”) and that of:

- Any health care professional authorized to enter information into your hospital chart;
- All departments and units of the hospital;
- Any member of a volunteer group we allow to help you while you are in the hospital;
- All employees, staff and other hospital personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations as described in this notice.

## OUR RESPONSIBILITY TO YOU REGARDING MEDICAL INFORMATION

We understand that your medical information is personal. We are committed to protecting the privacy of your medical information. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding their use and disclosure of your medical information created in their office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.
- Notify you if we are unable to agree to a restriction that you have requested.
- Accommodate your reasonable requests to communicate your medical information by alternative means or at alternative locations.
- Notify you following a breach of your unsecured medical information, as required by law

## HOW WILL MY INFORMATION BE USED OR DISCLOSED

The following categories describe different ways that we use and disclose medical information.

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **Disclosure at Your Request**

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

## HOW WILL MY INFORMATION BE USED OR DISCLOSED *continued*

### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

### **For Payment**

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital 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 may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you. However, we cannot disclose information to your health plan for payment purposes, if you ask us not to and you are paying for the services yourself.

### **For Health Care Operations**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the hospital and make sure that all our patients receive quality care.

For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### **Fundraising Activities**

We may use information about you or disclose such information to a foundation related to the hospital, to contact you in an effort to raise money for the hospital and its operations. We only would release contact information, such

as your name, address and phone number, the dates you received treatment or services at the hospital, department of service, treating physician, outcome information and health insurance status.

If you wish to have your name removed from future fundraising communications, please call the Hoag Hospital Foundation at 949-764-7217 or e-mail your request to us at [optout@hoag.org](mailto:optout@hoag.org) and include your name and address.

If you notify us that you do not wish to receive any further fundraising communications from us, we will treat your notice as a revocation of your authorization to permit us to make fundraising communications to you, and we will obtain a new authorization from you before we were to resume any such communications.

### **Hospital Directory**

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

### **Marketing Activities**

We have the right to use medical information about you to contact you in an effort to encourage you to purchase or use a product or service. If we receive any direct or indirect payment for making such a communication, however, we would need your prior written permission to contact you. The only exceptions for seeking such permission are when our

communication (i) describes only a drug or medication that is currently being prescribed for you and our payment for the communication is reasonable in amount or (ii) is made by one of our business partners consistent with our written agreement with the business partner.

### **Individuals Involved in Your Care or Payment for Your Care**

We may release medical 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. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

### **Business Associates**

There are some services provided through contracts that we have with business associates. For example, HOI and Hoag Memorial Hospital Presbyterian are business associates, and we may provide your health information to Hoag in order to coordinate your care and for purposes of health care operations.

A company who bills insurance companies on our behalf is also our business associate, and we may provide your health information to such a company so the company can help us obtain payment for the health care services we provide. To protect your health information we require our business associates to appropriately safeguard your information through a written agreement.

## HOW WILL MY INFORMATION BE USED OR DISCLOSED *continued*

### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

### **As Required By Law**

We will disclose medical 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 medical 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. Any disclosure, however, would only be to someone able to help prevent the threat.

## SPECIAL SITUATIONS

### **Organ and Tissue Donation**

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

### **Military and Veterans**

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

### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Activities**

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- 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;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

### **Health Oversight Activities**

We may disclose medical 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 medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; 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.

### **National Security and Intelligence Activities**

We may release medical 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 medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **SPECIAL SITUATIONS** continued

### **Multidisciplinary Personnel Teams**

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or in cases of elder abuse and neglect.

### **Special Categories of Information**

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information (e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse). Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

For purposes of the HOI Notice of Privacy Practices required under the Federal Standards for Privacy of Individually Identifiable Health Information as found in 45 CFR Parts 160 and 164 ("Privacy Rule), and for all allowable purposes of compliance with the Privacy Rule, the following, separate, affiliated covered entities have designated themselves as a single affiliated covered entity effective as of July 1, 2019.

California Specialty Surgery Center  
26371 Crown Valley Pkwy.,  
Mission Viejo, CA 92691

Main Street Specialty Surgery Center  
280 N. Main St., #100  
Orange, CA 92868

Hoag Orthopedic Institute Surgery Center -  
Newport Beach  
22 Corporate Plaza Dr., #150  
Newport Beach, CA 92660

Hoag Irvine Surgery Center  
16405 Sand Canyon Ave.,  
Irvine, CA 92618

# YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

## Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. If your medical information is maintained in an electronic health record, you may obtain an electronic copy of your medical information and, if you choose, instruct us to transmit such copy directly to an entity or person you designate in a clear, conspicuous and specific manner. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to:

Hoag Memorial Hospital Presbyterian  
Attn: Medical Records/Release of Information  
One Hoag Drive  
Newport Beach, CA 92658  
Email: HoagMedicalRecords@hoag.org  
Phone: 949-764-8326

An authorization form must be completed. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Our fee for providing you an electronic copy of your medical information will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation). We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

## Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to:

Hoag Memorial Hospital Presbyterian  
Attn: Medical Records/Release of Information  
One Hoag Drive  
Newport Beach, CA 92658  
Email: HoagMedicalRecords@hoag.org  
Phone: 949-764-8326

In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU** *continued*

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other expectations pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing to:

Health Information Management Department  
One Hoag Drive  
Newport Beach, CA 92658-6100.

Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.

Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full.

If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

Hoag Orthopedic Institute  
16250 Sand Canyon Avenue  
Irvine, CA 92618-3714.  
Attn: Compliance

In your request you must tell us 1) What information you want to limit; 2) Whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to:

Hoag Orthopedic Institute  
16250 Sand Canyon Avenue  
Irvine, CA 92618-3714.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

## Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website:

[www.hoagorthopedicinstitute.com](http://www.hoagorthopedicinstitute.com)

To obtain a paper copy of this notice, contact Hoag Orthopedic Institute:

Registration/Admitting Department  
16250 Sand Canyon Avenue  
Irvine, CA 92618-3714.

## Changes to This Notice

We reserve the right to change this notice. If a change in our practices is material, we will revise this notice to reflect the change. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain the effective date on the first page. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

To request restrictions, you must make your request in writing to:

Health Information Management Department  
One Hoag Drive  
Newport Beach, CA 92658-6100.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

## Health Information Exchange

Hoag Orthopedic Institute participates in a community Health Information Exchange (HIE), an electronic system through which Hoag Orthopedic Institute and other providers can share patient information according to nationally-recognized standards and in compliance with federal and state law that protects your privacy.

Through HIE, your participating providers will be able to access information about you that is necessary for your treatment, unless you choose to have your information withheld from the HIE by personally opting out from participation. If you choose to opt out of the HIE (that is, if you feel that your medical information should not be shared through HIE), Hoag Orthopedic Institute will continue to use your medical information in accordance with this Notice of Privacy Practices and the law, but will not make it available to others through the HIE.

To opt out of HIE, please contact, in writing:

Director of Health Information Exchange  
One Hoag Drive  
Newport Beach, CA 92663 949-764-8722

## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted on reliance on your permission.

You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU** *continued*

To the extent required by law, when using or disclosing your medical information or when requesting your medical information from another covered entity, we will make reasonable efforts not to use, disclose or request more than a limited data set (as defined below) of your medical information or if needed by us, no more than the minimum amount of medical information necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

A limited data set means medical information that excludes the following items:

- (i) Names; (ii) Postal address information, other than town or city, State, and zip code; (iii) Telephone numbers; (iv) Fax numbers; (v) Electronic mail addresses; (vi) Social security numbers; (vii) Medical record numbers; (viii) Health plan beneficiary numbers; (ix) Account numbers; (x) Certificate/license numbers; (xi) Vehicle identifiers and serial numbers, including license plate numbers; (xii) Device identifiers and serial numbers; (xiii) Web Universal Resource Locators (URLs); (xiv) Internet Protocol (IP) address numbers; (xv) Biometric identifiers, including finger and voice prints; and (xvi) Full face photographic images and any comparable images.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the U.S. Department of Health and Human Services; Office of Civil Rights, 200 Independence Ave., S.W. Washington, DC. 20201

To file a complaint, contact:

Compliance Office  
Hoag Orthopedic Institute  
16250 Sand Canyon Avenue  
Irvine, CA 92618-3714

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **Contact Information**

Address all correspondence in writing to:

Hoag Orthopedic Institute  
Compliance Office  
16250 Sand Canyon Avenue  
Irvine, CA 92618-3714  
855-387-4420

Effective Date:









16250 Sand Canyon Avenue  
Irvine, CA 92618  
855-999-HOI1 (4641)  
[orthopedichospital.com](http://orthopedichospital.com)