



24331 El Toro Road, Suite 200 | Laguna Woods, CA 92637 | (949) 586-3200 | [www.scosortho.com](http://www.scosortho.com)

## 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.**

Effective Date: January 1, 2025 | Revised: March 1, 2026

### 1. WHO WE ARE AND THE PURPOSE OF THIS NOTICE

SCOS Orthopedics, A Division of OrthoWest ("Practice," "we," "us," or "our") is a multi-provider orthopedic medical practice offering comprehensive musculoskeletal care, including joint replacement surgery, sports medicine, spine care, physical therapy, imaging services, and pain management. We are committed to protecting the privacy of your health information and are required by law to do so.

This Notice of Privacy Practices ("Notice") describes how we may use and disclose your Protected Health Information ("PHI") and your rights regarding that information. PHI is individually identifiable health information, including information about your past, present, or future physical health condition, the provision of healthcare to you, or payment for your care.

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act to: (1) maintain the privacy of your PHI; (2) provide you with this Notice of our legal duties and privacy practices; (3) abide by the terms of the Notice currently in effect; and (4) notify you in the event of a breach of unsecured PHI.

### 2. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you. We will use and disclose your PHI for the following purposes without requiring your written authorization unless otherwise noted.

#### A. Treatment

We will use your health information to provide, coordinate, and manage your orthopedic care. This includes sharing information with other physicians, physical therapists, surgical facilities, imaging centers, laboratories, and other healthcare professionals who are involved in your care. For example, your orthopedic surgeon may share your X-ray findings and surgical history with a physical therapist coordinating your post-operative rehabilitation, or with a referring physician who needs updated treatment notes.

#### B. Payment

We may use and disclose your health information to obtain payment for the services we provide. This includes submitting claims to Medicare, Medicaid, private insurers, and workers' compensation carriers; obtaining prior authorizations for procedures such as joint replacement or MRI; and responding to billing inquiries. For example, we may send your diagnosis, procedure codes, and clinical notes to your insurance company to obtain reimbursement for a knee arthroscopy.



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### **C. Healthcare Operations**

We may use and disclose your health information for our general healthcare operations, including: quality assessment and improvement activities; reviewing the competence or qualifications of our clinical staff; conducting training programs for residents, students, or fellows; arranging for legal and auditing services; business planning and management; and evaluating clinical outcomes. We may also share information with other covered entities for certain joint healthcare operations activities.

### **D. Appointment Reminders and Health Information**

We may contact you to provide appointment reminders, post-surgical follow-up instructions, pre-operative preparation information, or information about treatment alternatives or other health-related benefits and services. We may reach you by phone, text message, email, mail, or patient portal message, subject to your stated communication preferences.

### **E. Treatment Alternatives**

We may use and disclose your health information to tell you about possible treatment options or alternatives that may be of interest to you, including non-surgical and surgical approaches to orthopedic conditions.

### **F. Hospital or Facility Directories**

If you are admitted to a hospital or surgical facility in connection with your orthopedic care, we may disclose certain limited information — including your name, location, general condition, and religious affiliation — to the facility directory, and to clergy or individuals who ask for you by name, unless you object.

### **G. Individuals Involved in Your Care**

Unless you object, we may share relevant health information with a family member, close friend, or other person you identify who is involved in your care or who helps pay for your care. In an emergency, we will use our professional judgment to disclose information in your best interest and will inform you of any such disclosure as soon as possible.

### **H. Research**

We may use or disclose your PHI for research purposes when a special process for protecting your privacy has been approved by an Institutional Review Board (IRB) or Privacy Board, or when researchers are conducting preparatory research activities without accessing identifiable information in a way that could harm your privacy. You may be contacted separately to participate in research studies and will have the opportunity to consent or decline.

### **I. As Required by Law**

We will disclose your health information when required to do so by federal, state, or local law, including disclosures to regulators, law enforcement, or courts with proper legal authority.

### **J. Public Health and Safety**

We may disclose your health information for certain public health activities as permitted by law, including reporting communicable diseases, adverse events related to medical devices or medications, and information to public health authorities for disease prevention and control. We may also disclose information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.



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#### **K. Health Oversight Activities**

We may disclose health information to health oversight agencies for activities authorized by law, including audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the healthcare system, government benefit programs, compliance with civil rights laws, and other regulatory activities.

#### **L. Legal Proceedings**

We may disclose health information in response to a court or administrative order, a subpoena, discovery request, or other lawful process. We will make reasonable efforts to notify you of such requests or to obtain an order protecting the information.

#### **M. Law Enforcement**

We may disclose health information to law enforcement officials under certain circumstances permitted by law, such as reporting gunshot wounds, responding to court orders or subpoenas, identifying or locating a suspect or missing person, or providing information about victims of crimes.

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

We may disclose health information to coroners, medical examiners, or funeral directors as permitted by law to carry out their duties.

#### **O. Organ and Tissue Donation**

We may share health information with organ procurement organizations or other entities involved in organ, eye, or tissue donation or transplantation.

#### **P. Military and Veterans**

If you are or were a member of the armed forces, we may release your health information as required by military command authorities.

#### **Q. Workers' Compensation**

We may release health information about you to workers' compensation carriers, employers, and others involved in a workers' compensation claim arising from a work-related orthopedic injury or illness, as authorized or required by law.

#### **R. Inmates**

If you are an inmate of a correctional institution, we may disclose your health information to the institution or to a law enforcement official as necessary for your health and the safety of others.

#### **S. Business Associates**

We share PHI with our business associates — third-party vendors and service providers who perform functions on our behalf that require access to your health information. These may include billing companies, health information technology vendors, transcription services, imaging and laboratory companies, and quality reporting organizations. Our business associates are required by law and by contract to protect the privacy of your health information.



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## **T. Uses and Disclosures Requiring Your Authorization**

Certain uses and disclosures of your PHI require your written authorization. These include:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of PHI for marketing purposes
- Sales of PHI
- Uses and disclosures of PHI for purposes not described in this Notice

You may revoke an authorization at any time in writing, except to the extent that we have already taken action in reliance on it.

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

You have the following rights with respect to your protected health information. To exercise any of these rights, please submit a written request to our Privacy Officer using the contact information in Section 5.

### **A. Right to Access and Inspect Your Health Information**

You have the right to inspect and receive a copy of your health information, including medical and billing records, for as long as we maintain that information. You may request records in electronic format. We may charge a reasonable, cost-based fee for copies. We may deny access in limited circumstances permitted by law. If access is denied, you may request a review of that denial.

### **B. Right to Request Amendment**

You have the right to request that we amend health information that you believe is incorrect or incomplete. You must submit the request in writing and provide a reason for the amendment. We may deny the request if the information was not created by us, is not part of the information you are permitted to access, is accurate and complete, or is otherwise not required to be amended. If we deny your request, you may submit a written statement of disagreement.

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

You have the right to receive a list (accounting) of disclosures of your health information made by us or our business associates for purposes other than treatment, payment, healthcare operations, and certain other activities. The accounting will cover the six years prior to your request (or three years if disclosures were made through an electronic health record for TPO purposes). We will provide the first accounting in any 12-month period at no charge; subsequent requests may be subject to a reasonable fee.

### **D. Right to Request Restrictions**

You have the right to request restrictions on how we use or disclose your health information for treatment, payment, or healthcare operations. We are not required to agree to a requested restriction unless: the disclosure is to a health plan for payment or operations purposes and the PHI pertains solely to a service for which you or someone on your behalf (other than the health plan) has paid out of pocket in full. If we agree to a restriction, we will honor it except in an emergency.

### **E. Right to Request Confidential Communications**



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You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may request that we only contact you at a specific phone number or that we send written communications to a P.O. Box rather than your home address. We will accommodate reasonable requests. Please indicate your preference on the Patient Information Form or contact our office.

#### **F. Right to a Paper Copy of This Notice**

You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Please contact our front desk or Privacy Officer to request a copy. This Notice is also available on our website at [www.scosortho.com](http://www.scosortho.com).

#### **G. Right to Be Notified of a Breach**

You have the right to be notified following a breach of unsecured protected health information. We are required by law to notify affected individuals, the Department of Health and Human Services, and in some cases the media, in the event of such a breach. We will notify you without unreasonable delay and within 60 days of discovering a breach.

#### **H. Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights. To file with us, contact our Privacy Officer (see Section 5). To file with HHS, visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) or call 1-800-368-1019. We will not retaliate against you for filing a complaint.

### **4. OUR DUTIES AND COMMITMENT TO PRIVACY**

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. We will post a revised Notice in our office and on our website and will make a copy available upon request. The effective date of the current Notice is shown on the first page.

We will not use or disclose your health information in ways that are not described in this Notice without your written authorization, except where required by law.

### **5. CONTACT INFORMATION — PRIVACY OFFICER**

For questions about this Notice, to exercise your rights, or to submit a complaint, please contact:

#### **Privacy Officer**

SCOS Orthopedics, A Division of OrthoWest  
24331 El Toro Road, Suite 200  
Laguna Woods, CA 92637  
Phone: (949) 586-3200  
Email: [doconnor@scosortho.com](mailto:doconnor@scosortho.com)  
Web: [www.scosortho.com/privacy](http://www.scosortho.com/privacy)



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You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Office for Civil Rights, U.S. Department of Health and Human Services

200 Independence Avenue, S.W., Washington, D.C. 20201

Phone: 1-800-368-1019 | TTY: 1-800-537-7697

Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

## 6. SPECIAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

Certain categories of health information are afforded additional protections under state and federal law. We apply heightened safeguards to the following types of information:

**Mental Health and Substance Use Records:** Disclosure of records related to mental health treatment and substance use disorder (including alcohol and drug treatment) is subject to additional restrictions under 42 CFR Part 2 and applicable state law. Such records will not be disclosed without your written authorization except as specifically permitted by law.

**HIV/AIDS Information:** Information about HIV status, testing, and treatment is protected under state law and will not be disclosed without your specific written consent except as required by law.

**Genetic Information:** We will not use or disclose genetic information for underwriting purposes and will apply protections as required by the Genetic Information Nondiscrimination Act (GINA) and applicable state law.

**Reproductive Health Information:** Consistent with the HHS Final Rule (effective 2024) implementing protections under *Dobbs v. Jackson*, we will not disclose PHI related to lawful reproductive health care for purposes of investigating or imposing liability in connection with that care, without a valid authorization or as specifically required by law.

**Minors:** In certain circumstances, and as permitted by applicable state law, minors may have the right to consent to specific types of healthcare and to control access to related health information independently of their parents or guardians.

## 7. USES AND DISCLOSURES SPECIFIC TO ORTHOPEDIC CARE

Given the nature of orthopedic practice, the following additional disclosures are relevant to our patients:

**Imaging and Diagnostic Services:** Your imaging studies (X-rays, MRI, CT scans) and associated reports may be shared electronically with other treating providers, second-opinion consultants, and surgical facilities. Imaging data may be stored and accessed through a third-party radiology information system (RIS) or picture archiving and communication system (PACS).

**Surgical Facilities and Anesthesia Providers:** If you undergo surgery, your complete medical record — including surgical history, implant records, anesthesia history, and medication list — will be shared with the facility and all providers involved in your surgical care.

**Implant and Device Registries:** Federal law requires that we report certain information about orthopedic implants (such as hip, knee, or shoulder replacements) to manufacturer tracking systems and, in some cases, to national device registries, to facilitate recall notifications and post-market safety monitoring.



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**Workers' Compensation and Independent Medical Examinations:** For work-related orthopedic injuries, your records may be disclosed to insurance carriers, employers, and independent medical examiners as permitted or required by applicable workers' compensation law.

**Physical and Occupational Therapy Coordination:** We regularly coordinate care with physical therapists, occupational therapists, and rehabilitation centers. Relevant portions of your orthopedic record will be shared to support your rehabilitation plan.

**Sports Medicine and School/Team Physicians:** With your authorization, we may communicate with team physicians, athletic trainers, or school health officials regarding athletic clearance or return-to-sport status.

## 8. CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time and to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. The effective date of each version of this Notice will appear on the first page. We will post any revised Notice in our offices and on our website. You may request a paper copy of the current Notice at any time.

## 9. EFFECTIVE DATE AND ACKNOWLEDGMENT

This Notice is effective as of March 1, 2026. By receiving care at SCOS Orthopedics, A Division of OrthoWest, you acknowledge that you have been provided with or offered a copy of this Notice of Privacy Practices.

Your signature on the Patient Consent Form or the Notice of Privacy Practices Acknowledgment form indicates that you have received or been offered this Notice. A signed acknowledgment will be placed in your medical record. If you decline to sign, we will document the offer and your declination.

### ACKNOWLEDGMENT OF RECEIPT — FOR OFFICE USE / PATIENT RECORD

I acknowledge that I have received or been offered a copy of SCOS Orthopedics, A Division of OrthoWest' Notice of Privacy Practices.

**Patient / Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Patient (if not self):** \_\_\_\_\_

**If patient declined to sign, staff must document:** Date \_\_\_\_\_ Staff Initials \_\_\_\_\_ Reason \_\_\_\_\_