



Guilford Orthopaedic and Sports Medicine Center

A Division of Southeastern Orthopaedic Specialists, P.A.

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YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

To access your records: Although your health records are the physical property of the healthcare provider the information belongs to you. You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy these records you must submit your request in writing to Guilford Orthopaedic and Sports Medicine Center. If you request a copy, there is a monetary fee charged for your records. When requesting records, there is a time limit as to when we will provide these to you. We will provide records within 30 days for records kept on site and 60 days for records stored off site.

To request restrictions on who can see your records: You have the right to request a restriction or limitation on the medical information we use or disclose about you to someone who is involved in your care. *We are not required to agree to your request.* If we do agree, we will comply with your request, unless information is needed to provide you with emergency treatment. To request restrictions you must make the request in writing. In the request you must tell us:

1. What information you want to limit
2. Whether you want to limit our use or disclosure or both
3. To whom you want the limits to apply

To request confidential communication: You must make the request in writing if related to payment or billing information. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

To request amendments to your records: If you feel that the medical information about you is incorrect or incomplete, you may ask to amend the information. The record can be amended, but NOT changed. To request an amendment your request must be in writing. 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 and/or does not include a reason to support the request if you ask us to amend information that

1. Was not created by our practice
2. Is not part of the medical information kept by the practice
3. Is not part of the information which you would be permitted to inspect and/or copy
4. Is accurate and complete

To find out who sees your records: You have a right to request and “accounting of disclosures”. To request this list you must submit your request in writing. Your request must state a time period in which may not be longer than 6 years and may not include dates before April 14, 2003.

YOU HAVE A RIGHT TO A PAPER COPY OF THIS NOTICE. YOU MAY ASK US TO GIVE YOU A COPY OF THIS NOTICE AT ANY TIME.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make revisions or changes to the notice effective for medical information we already have about you as well as any information we receive in the future.

COMPLAINTS: If you believe your privacy rights have been violated you may file a complaint with Guilford Orthopaedic and Sports Medicine Center or with the Secretary of the Department of Health and Human Services. Please submit a complaint in writing to Southeastern Orthopaedic Specialists and mail to the Compliance Officer.

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www.guilfordortho.com
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Administrator
Melissa Strickland