



NOTICE OF PRIVACY PRACTICES

Effective Date: May 15, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy

Reno Orthopedic Surgery Center and its affiliated entities are committed to protecting the privacy and security of your protected health information ("PHI"). This Notice describes how we may use and disclose your PHI, your rights regarding your PHI, and our legal duties under federal and applicable state law.

This Notice applies to:

- Reno Orthopedic Center
- Reno Orthopedic Surgery Center
- Reno Orthopedic Center Therapy Services
- Reno Orthopedic Imaging Services
- ROC Express
- The Shop at ROC
- RecoveryMD

Your Rights

You have the following rights regarding your health information.

Right to Access Your Medical Records

You have the right to inspect and obtain a paper or electronic copy of your medical records and other health information we maintain about you. You may also request that we send an electronic copy of your records to a third party you designate in writing. We generally will provide access within 30 days of your request. In limited situations, we may deny your request as permitted by law, and we will explain the denial in writing. We may charge a reasonable, cost-based fee for copies.

Right to Request Amendments

If you believe information in your records is incorrect or incomplete, you may request that we amend the information. We may deny your request in certain circumstances but will provide a written explanation within 60 days.

Right to Request Confidential Communications

You may request that we contact you in a specific way or at a specific location, including:

- Alternative mailing addresses
- Alternate phone numbers
- Email communications
- Patient portal communications

We will accommodate reasonable requests.

Right to Request Restrictions

You may request restrictions on how we use or disclose your health information for treatment, payment, or health care operations. We are not required to agree to all requested restrictions unless:

- You paid for the service completely out-of-pocket; and
- The disclosure would otherwise be made to a health plan for payment or operations purposes.

Right to an Accounting of Disclosures

You may request a list of certain disclosures we made of your PHI during the previous six years.

This accounting will not include disclosures:

- For treatment, payment, or health care operations
- Made directly to you
- Authorized by you
- Otherwise excluded by law

One accounting per 12-month period is free. Additional requests may incur a reasonable fee.

Right to Receive a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to Choose a Personal Representative

If you have granted someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information consistent with applicable law.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with:

Reno Orthopedic Surgery Center, Attention: Privacy Officer, 555 N. Arlington Ave., Reno, NV 89503
Phone: (775) 786-3040 Privacy Hotline: (775) 785-3403 Website: <https://www.renoortho.com>

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint.

Your Choices About Your Health Information

For certain types of protected health information, you have the right to tell us your preferences regarding how we use and disclose your information.

Situations Where You Have a Choice

You may tell us whether or not to:

- Share information with family members, close friends, or others involved in your care or payment for your care
- Share information during disaster relief efforts
- Contact you by alternative means or locations
- Leave messages on voicemail, text messaging systems, email, or patient portals
- Include your information in a facility directory, if applicable

If you are unable to communicate your preferences, such as during an emergency or if incapacitated, we may share information if we believe it is in your best interest or necessary to prevent a serious threat to health or safety.

Situations Requiring Your Written Authorization

Except as otherwise permitted or required by law, we will obtain your written authorization before:

- Using or disclosing psychotherapy notes
- Using or disclosing certain specially protected mental health information
- Using or disclosing information for marketing purposes
- Selling protected health information
- Disclosing certain substance use disorder treatment records protected under federal or state law
- Disclosing certain reproductive health care information protected under applicable law
- Any other use or disclosure not described in this Notice

You may revoke your authorization at any time in writing, except to the extent action has already been taken in reliance on your authorization.

Mental Health Information

Certain mental health records receive additional protections under federal and Nevada law.

Except as otherwise permitted or required by law, we will not disclose psychotherapy notes or certain specially protected mental health information without your written authorization.

We may use or disclose mental health information without authorization only in limited situations permitted by law, including:

- Treatment purposes
- Payment activities
- Health care operations
- Emergencies involving serious threats to health or safety
- Court orders or other legal requirements

Fundraising Communications

We may contact you regarding fundraising activities that support our organization. You have the right to opt out of receiving fundraising communications at any time. Your decision will not affect your treatment or payment for services.

How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your health information to provide, coordinate, or manage your care.

Example: A physician treating you may consult another provider regarding your condition.

Payment

We may use and disclose your health information to bill and collect payment for services provided to you.

Example: We may provide information to your health insurer to obtain authorization or payment.

Health Care Operations

We may use and disclose your information for operational purposes, including:

- Quality improvement
- Staff training
- Licensing and accreditation
- Business management
- Patient safety activities

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information without your authorization in the following circumstances when permitted or required by law.

Public Health and Safety Activities

Including:

- Preventing disease
- Reporting adverse drug reactions
- Product recalls
- Reporting abuse, neglect, or domestic violence
- Preventing serious threats to health or safety

Health Oversight Activities

We may disclose information to governmental oversight agencies for audits, investigations, inspections, and licensure activities.

Research

We may use or disclose your information for approved research purposes consistent with applicable law and institutional safeguards.

Legal Proceedings and Law Enforcement

We may disclose information:

- In response to court orders or subpoenas
- For law enforcement purposes
- To identify or locate individuals
- To report crimes occurring on our premises

Workers' Compensation

We may disclose information as authorized by workers' compensation laws and similar programs.

Organ Donation, Coroners, and Funeral Directors

We may disclose information to organ procurement organizations, coroners, medical examiners, or funeral directors as authorized by law.

Specialized Government Functions

We may disclose information for military, national security, protective services, or correctional institution purposes when legally authorized.

Electronic Communications and Cybersecurity

We utilize electronic systems, patient portals, and digital communications to support patient care. Although we implement reasonable safeguards to protect electronic information, no system can be guaranteed completely secure.

You may choose to communicate with us electronically through email, text messaging, or patient portal services. By choosing electronic communications, you acknowledge there may be some risk associated with electronic transmission of information.

Breach Notification

We are required by law to maintain the privacy and security of your protected health information.

If a breach occurs that may compromise the privacy or security of your information, we will notify you as required by applicable law.

Our Responsibilities

We are required to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice
- Follow the terms of this Notice currently in effect
- Notify you following certain breaches of unsecured PHI
- Comply with applicable federal and Nevada privacy laws

We will not use or disclose your information other than as described in this Notice unless you authorize us to do so in writing.

Changes to This Notice

We reserve the right to change the terms of this Notice at any time.

Any revised Notice will apply to all PHI we maintain and will be available:

- At our facilities
- On our website
- Upon request

The current version of this Notice is available at: <https://www.renoortho.com>

Patient Portal Access

Reno Orthopedic Surgery Center provides patients with electronic access to portions of their health information through our patient portal. Portal access is subject to applicable terms, conditions, and identity verification procedures.

Physician Financial Interest and Ownership Disclosure

Your physician at Reno Orthopedic Surgery Center may have a financial ownership interest in:

- Reno Orthopedic Center
- Reno Orthopedic Physical Therapy
- Reno Orthopedic Imaging Services
- RecoveryMD

You have the right to choose where you receive your health care services. Alternative providers or facilities are available upon request. You will not be treated differently if you choose to obtain services elsewhere. Reno Orthopedic Surgery Center is committed to ensuring that ownership interests do not improperly influence clinical judgment or patient care decisions. If you have questions regarding physician ownership interests, please ask your physician or contact our Privacy Officer.