

Regenerative Orthopedic Center, LLC

Notice of Privacy Practices

Effective Date: February 13, 2026

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.

Regenerative Orthopedic Center, LLC (“ROC,” “we,” “our,” or “us”) is required by federal and Oregon law to maintain the privacy of your Protected Health Information (PHI), provide you with notice of our legal duties and privacy practices, and notify you following a breach of unsecured PHI. We are required to follow the terms of this Notice currently in effect.

I. What Is Protected Health Information (PHI)?

Protected Health Information (PHI) is information that identifies you and relates to your past, present, or future physical or mental health condition, the provision of health care to you, or payment for your care. PHI may be maintained in paper, electronic, or verbal form.

II. Types of Information We Collect

A. Demographic Information

Name, address, date of birth, phone number(s), email address, emergency contacts, and employer information.

B. Insurance and Payment Information

Insurance carrier, policy numbers, eligibility information, billing records, claims data, and payment history.

C. Clinical Information

Medical history, medications, allergies, diagnostic imaging, operative reports, treatment plans, laboratory results, and social history including tobacco, alcohol, or substance use when relevant to care.

D. Substance Use Disorder (SUD) Information

Records related to diagnosis, referral, or treatment of a substance use disorder may be subject to additional federal confidentiality protections under 42 CFR Part 2.

III. How We May Use and Disclose PHI Without Your Written Authorization

A. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care. This includes consultation with other providers, referrals, prescriptions, diagnostic testing, surgical scheduling, and coordination with on-call providers.

B. Payment

We may use and disclose PHI to obtain payment for services rendered. This includes submitting claims, verifying insurance eligibility, obtaining prior authorizations, and engaging billing services or clearinghouses.

If you pay in full out-of-pocket for a specific service, you may request that we not disclose information about that service to your health plan. We are required to comply unless disclosure is otherwise required by law.

C. Health Care Operations

We may use or disclose PHI for health care operations including quality assessment, peer review, credentialing, compliance audits, business planning, training, accreditation, and administrative activities. We may share PHI with Business Associates who perform services on our behalf under written agreements requiring them to safeguard PHI.

IV. Disclosures Permitted or Required by Law

- Public health activities including reporting disease, injury, vital events, abuse or neglect.
- Health oversight activities such as audits, inspections, investigations, and licensure actions.
- Judicial and administrative proceedings in response to lawful court orders or subpoenas.
- Law enforcement purposes as permitted by law.
- Workers' compensation claims.
- Serious threats to health or safety.
- Military, national security, and correctional institution disclosures as authorized by law.
- Organ and tissue donation facilitation.

V. Substance Use Disorder Records (42 CFR Part 2)

Records relating to substance use disorder diagnosis, treatment, or referral may be protected under federal law. Such records may not be disclosed without your written consent unless permitted by federal regulations. Recipients of such information may be prohibited from redisclosing it without your authorization.

VI. Uses and Disclosures Requiring Your Authorization

We will obtain your written authorization for most marketing communications, the sale of PHI, use or disclosure of psychotherapy notes (if maintained), and uses not otherwise described in this Notice. You may revoke authorization in writing at any time.

VII. Your Rights

- Right to inspect and obtain copies of your records in paper or electronic format within required timeframes.
- Right to request an amendment to your record if inaccurate or incomplete.
- Right to request restrictions on certain uses and disclosures.
- Right to request confidential communications at alternate locations or by alternate means.
- Right to receive an accounting of certain disclosures made within the previous six years.
- Right to be notified following a breach of unsecured PHI.
- Right to file a complaint without retaliation.

VIII. Breach Notification

We will notify you without unreasonable delay and no later than 60 days following discovery of a breach of unsecured PHI. Oregon law may require notification in a shorter timeframe.

IX. Electronic Access and Information Blocking

You have the right to timely electronic access to your health information. We will not engage in practices that constitute information blocking as defined by federal law, except where permitted under regulatory exceptions.

X. How We Safeguard Your Information

We maintain administrative, physical, and technical safeguards including workforce training, role-based access controls, encryption, and authentication protections to secure your PHI.

XI. Changes to This Notice

We reserve the right to revise this Notice at any time. Any revised Notice will apply to all PHI we maintain and will be made available at our office locations and on our website.

XII. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Privacy Officer: Amanda Koenig
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