

**Message from Sport Medicine Institute
Health Information Privacy Notice
Effective April 14, 2004**

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.

1. About Protected Health Information “PHI”.

In this Notice “We,” “Our” or “Us” means Sports Medicine Institute “SMI” and Our workforce of employees and volunteers. “You” and “Your” refers to each of Our patients who are entitled to a copy of the Notice. We will use good faith regarding protecting your privacy, however it is no guarantee from any and all potential risks.

We are required by federal and state law to protect the privacy of Your health information. For example, federal health information privacy regulations require Us to protect health information about You in the manner that We describe here. Certain types of health information may specifically identify You. Because We must protect this health information, We refer to as Protected Health Information—or “PHI.” In this Notice, We tell You about:

- How We use Your PHI
- When We may disclose Your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or with a complaint

2. Some of the ways We use or disclose Your Protected Health Information.

We will use Your PHI to treat You. We will use Your PHI and disclose to get paid for Your care. We are allowed to use or disclose Your PHI for certain activities that We call “health care operations.” Health care operations involve the administration and quality assurance activities in our facility. We will give you examples of each of these to help explain them. However, this is not a complete list of all uses or disclosures.

Treatment

We use and disclose Your PHI in the course of Your treatment. For example, if You are in our clinic and one of our employees has a question about your condition, We may communicate with your treating physician regarding your diagnosis and plan of care so that we can provide the optimal course of treatment for You. We may also use or disclose Your PHI for other related types of treatment activities.

Marketing

It may be necessary for us to communicate with your referring physician regarding your evaluation and progress in physical therapy. This may include an introductory letter from our clinic, informing your physician we are treating you for your injury/injuries, as well as who your therapist is in case your physician needs to contact him/her regarding your therapy. This may also include

evaluations, progress notes, etc. This allows us to keep a direct line of communication with your physician about your progress and plan of care.

***PHI is not disclosed to any entity not directly related to your treatment (Ex. Advertising agencies, magazine, publication, etc.)**

Payment

After We treat You, We will ask Your insurer to pay Us. We use a billing company, Medical Billing Corporation "MBC" to administer our billing. We will provide Your medical information to MBC so they can provide the required information to your insurance company. MBC and/or SMI may type some of Your PHI into their computers and send a claim to Your insurance company. Here, We and/or MBC use Your PHI to tell Your insurer what type of health problem You had and what We did to treat You. Your insurer may ask Us and/or MBC to give them Your membership number in Your employer's health plan, or Your insurer may want to review Your medical record to be sure that Your care was necessary.

Special Uses

We also use or disclose Your PHI for purposes that involve Your relationship to Us as a patient. We may use or disclose Your PHI to:

- Remind You that You have an appointment with Us for treatment
- To contact you if You have a payment due or balance on your account

Your Authorization May be Required

In many cases summarized here, We may use or disclose Your PHI either with Your consent or as required or permitted by law. In all other cases, We must ask for, and You must agree to give, a written authorization that has specific instructions and limits on Our use or disclosure of Your PHI. If You later change Your mind, You may revoke Your authorization.

3. Certain Uses and Disclosures of Your PHI that are Required or Permitted by Law.

Many laws and regulations apply to Us that affect Your PHI. These laws and regulations may either require Us or permit Us to use or disclose Your PHI. From the federal health information privacy regulations, here is a list describing required or permitted uses and disclosures.

- If You do not verbally object, We may share some of Your PHI with a family member or friend who is involved in Your care.
- We may use Your PHI in an emergency when You are not able to express Yourself.
- When required by law; for example, when ordered by a Court to turn over certain types of Your PHI, we must do so.
- For public health activities such as reporting a communicable disease or reporting an adverse drug reaction to the Food and Drug Administration.
- To report neglect, abuse, or domestic violence.
- To the government regulators or its agents to determine whether We comply with applicable rules and regulations.
- In judicial or administrative proceedings such as in response to a valid subpoena.
- When properly requested by law enforcement officials (such as reporting gun shot wounds), or for other legal requirements.

- If We reasonably believe that to do so will avert a health hazard or to respond to a threat to public safety such as an imminent crime against another person.
- If You are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.
- If You have a valid Workman's compensation claim and the carrier requires various PHI information.

4. Certain Stricter Requirements that We Follow.

Several state laws may apply to Your PHI that set a stricter standard than the protections required by the federal health privacy regulations.

5. Your Privacy Rights and How to Exercise Them.

You have specific rights under Our federally required privacy program. Each of them is summarized here.

Your Right to Request Limited Use or Disclosure

You have the right to request that We do not use or disclose Your PHI in a particular way. However, We are **NOT** required to abide by Your request. If We do agree to Your request, We must abide by the agreement.

Your Right to Confidential Communication

You have the right to receive confidential communications from Us at a location that You provide. We require that You make Your request in writing, provide us with the other address, and explain to Us if the request will interfere with Your method of Payment for Your care.

Your Right to Revoke Your Consent or Authorization

If You have granted Us Your consent or Authorization to use or disclose Your PHI, You may revoke the consent or authorization in writing. However, if We have relied on Your consent or authorization, we may use or disclose Your PHI to that extent.

Your Right to Inspect and Copy

You have the right to inspect and copy Your PHI. We may refuse to give You access to Your PHI if We think it may cause You harm but we have to explain why and give You someone to contact about Our decision who will explain how and when to get a review of Our refusal.

Your Rights to Amend Your PHI

If You disagree with what Your PHI in Our records say about You, You have the right to request in writing that We amend Your PHI when it is in a record that We create or have maintained for Us. We are not required to respond to Your request if the records You are asking about are not Our records. We may refuse to make Your requested amendment. Then, You will have a right to submit a written statement about why You disagree. If We still disagree, We may prepare a counter-statement. Your statement and our counter-statement must be made part of Our record about You.

Your Right to Know Who Else Sees Your PHI

You have the right to request an accounting of certain disclosures that We have made of Your PHI over the past six years. You cannot ask for disclosures before April 14, 2003. We do not have to account for all disclosures, including those involving treatment, payment and health care operations as described above. There is no charge for an annual accounting but there may be for additional accountings. We will tell You if there is a charge for Your accounting and You will have the right to withdraw Your request, or to pay to proceed.

Your Rights to Complain

If you believe that Your privacy rights have been violated, You have the right to make a complaint to Us, or to the Secretary of Health and Human Services. We will not retaliate against You if You file a complaint about Us. To file a complaint, You should submit in writing to the contact person identified in this Notice (7,below). Your complaint should provide a reasonable amount of specific detail to enable Us to investigate a potential problem.

6. Some of Our Privacy Obligations and How We Perform Them

We are required to comply with the federal health information privacy regulations. Those rules require Us to protect your PHI. Those rules also require Us to give You Notice of Our privacy practices. This document is Our Notice. If You did not get a paper copy of this Notice, You may have one. We will abide by the privacy practices set forth in this Notice. However, We reserve the right to change this Notice and our privacy practices when permitted or as required by law.

If We change Our Notice of privacy practices, We will provide Our revised Notice to You when You next seek treatment from us.

7. Contact Information

If You have questions about this Notice, or if You have a complaint, please contact:

Sports Medicine Institute
Attention: Peter Morris
Privacy Officer
2019 W. Oranewood Ave.
Orange, Ca 92868
(714) 939-6200

8. Effective Date

This notice takes effect on April 14, 2003

**Acknowledgement of receipt of Sports Medicine Institute's (SMI)
Health Information Privacy Notice and Agreement of Acceptance**

I acknowledge that SMI has supplied me with a copy of their health information privacy notice regarding their policies and procedures concerning my Protected Health Information (PHI). I agree to release authorization to SMI to use my PHI as deemed necessary for treatment, billing, etc.

Patient Signature

Date

Patient Name: _____