

NOTICE OF PRIVACY PRACTICES

Total Sports Care, P.C.

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.

The terms of this notice apply to all records containing your protected individually identifiable health information (“PHI”) that is created or retained by our practice. Our practice will post a copy of our current notice in our office in a visible location at all times, and you may request a copy of our most current notice at any time.

This notice takes effect as of June 25, 2013, and remains in effect until we replace it.

1. OUR PLEDGE REGARDING HEALTH INFORMATION

PHI is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health care and related health care services. We are committed to protecting your PHI. We create a record of the care and services you receive at our facility. We keep this record to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways we may use and share PHI about you. We also inform you of your rights and outline certain duties we have regarding the use and disclosure of your PHI.

2. OUR LEGAL DUTY

Law Requires Us to:

- Protect your health information.
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your PHI.
- Abide by the terms of privacy practices now in effect.
- Notify you in the event of a breach related to your unsecured PHI.

We Have the Right to:

- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all PHI that we store, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- Before we make any important changes in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

This section describes different ways that we use and disclose PHI. Following are different kinds of uses or disclosures and their meaning. Not every use or disclosure will be listed; however, we have listed examples of ways we are permitted to use and disclose PHI.

For Treatment:

- We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained permission to have access to your PHI. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., nurses, technicians, medical students or health care providers) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.
- ***Examples:*** We will disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose your PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. Your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. We may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

For Payment:

- Your PHI will be used and disclosed, as needed, to obtain payments for health care services and items you may receive from us. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- ***Examples:*** We may need to give your health insurance plan information about surgery you received, so that your health plan will pay us or repay you for any surgery for which you paid. We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

For Health Care Operations:

- We may use and disclose your PHI for our health care operations.
- ***Examples:*** This may include measuring and improving quality, evaluating the performance of employees, conducting training programs, and obtaining accreditation, certificates, licenses, and credentials we need to serve you. We may disclose your PHI to other health care providers and entities to assist in their health care operations. We may share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) to assist us in our delivery of health care and related services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

A. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT OR OPPORTUNITY TO OBJECT

Required by Law:

- We may use and disclose your PHI as *required by law* (including by statute, regulation, or court order).

Public Health:

- As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your PHI to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also disclose your PHI, but limited to proof of immunization, to a school if you are a student or prospective student of the school and such school is required by the state or other law to have such proof of immunization prior to admitting you. We may also disclose your PHI, when authorized by law, to notify a person who may have been exposed to a communicable disease or otherwise be at a risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Abuse:

- We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such PHI. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight Activities:

- We may disclose PHI to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure disciplinary actions, or other authorized activities.

Court Orders and Judicial and Administrative Proceedings:

- We may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited PHI with a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person. We may share PHI of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Law Enforcement:

- Under certain circumstances, we may disclose PHI to law enforcement officials. These circumstances include, but are not limited to, reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Deceased Patients:

- We may release a decedent's PHI to a medical examiner, coroner, funeral director and other individuals involved in the care or payment of the decedent prior to death unless doing so would be inconsistent with any prior expressed preference of the individual.

Organ and Tissue Donation:

- We may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research:

- In limited circumstances we may use and disclose your PHI to conduct medical research. "Research" is any systematic investigation designed to develop or contribute to generalizable knowledge.

Serious Threats to Health or Safety:

- We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We may also use and disclose your PHI, consistent with applicable law and standards of ethical conduct, to persons reasonably able to prevent or lessen the threat of a serious and imminent threat to the health or safety of a person or the public.

Government Functions (Specialized):

- Subject to certain requirements, we may disclose or use PHI for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits. When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including those for the provision of protective services to the President or other legally authorized services.

Workers Compensation:

- Your PHI may be disclosed by us as authorized to comply with workers compensation laws and other similar legally-established programs.

B. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT OR AN OPPORTUNITY TO OBJECT

Notification:

- We may use and disclose your PHI to notify or help notify a family member, your personal representative, or another person responsible for or involved in your care.

We will share information about your location, general condition, or death. If you are present, we will ask your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, including, but not limited to, disaster relief efforts, and if you are not able to give or refuse permission, we will share only the PHI that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medicinal supplies, X-ray, or PHI for you.

Communications Barriers

- We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

Facilities/Patient Directories:

- We may use the following PHI in the directories at our facility: your name, your location in our facility, your general medical condition. We will disclose the information to members of the clergy or, except for religious affiliation, to other persons. We will provide you with an opportunity to restrict or prohibit some or all disclosures for facility directories unless emergency circumstances prevent your opportunity to object.

Fundraising:

- With your authorization, we may provide PHI to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to PHI that describes you in general, not personal, terms and the dates of your health care. In any fundraising materials, you have the right to opt-out of receiving such communications, and we will provide you a description of how you may choose not to receive future fundraising communications.

4. YOUR PATIENT RIGHTS

You have the following rights regarding the PHI that we maintain about you:

Inspect or Get Copies of your PHI:

- You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by contacting the practice administrator listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. We must respond within thirty (30) days of your request. However, we may request a one-time extension of up to thirty (30) additional days upon provision of written notice to you, including the reason for the delay and the expected date of completion.
- If you make a request to access your PHI, we will provide a copy of your PHI in an electronic format and the format you requested, if such format is readily producible.
- If the requested format is not readily producible, we will offer your PHI in at least one readable electronic format; various methods to accomplish this include: (1) providing a disc with a PDF file; (2) sending a secure e-mail with a Word file; and (3) providing access through a secure web-based portal. A hard copy will be provided if you reject any of the offered electronic formats.
- If you receive an electronic copy of your PHI, you may request that it be transmitted directly to another person designated by you. We must implement policies and procedures to verify the identity of any person requesting your PHI and implement reasonable safeguards to protect the PHI disclosed.

NOTE: If you request paper copies of your PHI, we may charge you for each page, and postage if you want the copies mailed to you. We may also charge you for labor costs for copying your PHI, whether in paper or electronic form. Contact us for a full explanation of our fee structure.

Accounting of Disclosures:

- You may receive an accounting of certain disclosures, if any, of your PHI we have made up to six (6) years prior to the date of your request. You may request a shorter timeframe. This right applies to disclosures for purposes other than treatment payment or health care operations as described in this Notice of Privacy Practices. It excludes PHI disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after June 25, 2013. The right to receive this PHI is subject to certain exceptions, restrictions and limitations. We will provide the accounting of disclosures within sixty (60) days of your request or notify you that an extension of an extra thirty (30) days (or less) is required to prepare it. You are entitled to one free accounting of disclosures in any 12-month period. A fee may be charged for every additional request in a 12-month period.

Requesting Restrictions:

- You may request that we place additional restrictions on our use or disclosure of your PHI, including, in limited circumstances, the disclosure of certain PHI to your health plan when you pay out-of-pocket in full for a treatment you receive. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We do not have to agree to your request, unless such request relates to a permissible restriction on disclosure of PHI to your health plan; however, if we do agree, we are bound by our agreement to the restriction except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing.
- Your request must describe in clear and concise fashion: the information you wish restricted; whether you are requesting to limit our use, disclosure or both; and to whom you want the limits to apply.

Confidential Communications:

- You may request to receive confidential communications from us by alternative means or to alternative locations. You do not need to give a reason for your request. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. The request must be made to the contact person listed at the end of this notice. We will accommodate reasonable requests.

Requesting an Amendment to your PHI:

- You may request that we amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for us. In certain cases, we may deny your request if we did not create the PHI you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the PHI you wanted changed. If we accept your request to change the PHI, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that PHI.

Refusal to Receive the Notice of Privacy Practices:

- You may refuse a copy of the Notice of Privacy Practices. Your treatment will not be conditioned on your refusal unless it is for the purpose of creating PHI or research related treatment.

Right to a Receive a Copy of this Notice:

- You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.

Right to File a Complaint:

- If you believe that your privacy rights have been violated, contact the practice administrator named at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

Right to Receive a Notification in the Event of Breach:

- You have the right to receive notification from us in the event there is a breach related to your medical information.

Right to Provide an Authorization for other Uses and Disclosures

- We must obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. The exceptions to this revocation are if your physician has taken an action in reliance on the authorization, and if the authorization was obtained as a condition of obtaining insurance coverage. *Please note:* we are required to retain records of your care.

Below are some of the circumstances when we may use and disclose your PHI information ONLY WITH YOUR AUTHORIZATION:

Marketing Health Related Services:

- With your authorization and subject to limited exceptions, we may use your PHI to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your PHI to a business associate to assist us in these activities.

Psychotherapy Notes:

- With limited exceptions, your authorization is required for use or disclosure of psychotherapy notes, which are notes recorded by a mental health professional documenting the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.

Sale of Your PHI:

- Your authorization is required if we want to sell your PHI. A “sale,” subject to limited exceptions, is when we receive remuneration, indirectly or directly, from or on behalf of the recipient of your PHI in exchange for our disclosure of your PHI.

5. QUESTIONS, COMPLAINTS, AND REQUESTS

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

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