

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

## **Notice of Privacy Practices SportsMedicine Partners, Orthopedics & Rehabilitation Therapy, P.C.**

**The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”)** is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursements for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Healthcare** operations includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*We are permitted or required to use or disclose your protected health information without your written consent or authorization in certain circumstances. Two examples of such are for public health requirements or court orders. We are permitted to use and disclose your PHI as part of a sale, merger or acquisition.*

*We are permitted to disclose your PHI to another provider without obtaining authorization when the other provider requires the information for purposes of treatment, payment, or health care operations. This permission is extended only when the information applies to a relationship that has existed or exists between you and the provider.*

*We are permitted to disclose your PHI to another covered entity without authorization when the information being disclosed is needed when the information being disclosed is needed by the entity receiving the information for the purpose of fraud and abuse detection or compliance, and the information relates to a relationship between you and the entity receiving the information. We are permitted to disclose your protected health information in instances that may occur as part of the educational and training activities of our practices, i.e., nursing and/or medical students.*

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We will abide by the terms of this notice or the notice currently in effect at the time of the disclosure. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

**This notice was effective as of: March 1, 2007**

We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practice from this office. We are legally obligated to maintain the privacy of protected health information and provide you with a “**Notice of Privacy Practices**”.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, Compliance Officer, Department of Health & Human Services or the Office of Civil Rights about violations of the provisions of this notice or the policies and procedures of our office. *No retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.*

To file a complaint you may contact the Practice Manager or:

**Compliance Officer**  
**2800 Tamarack Avenue**  
**Suite 106**  
**South Windsor, CT 06074**  
**860 644-5900**

**To contact;**  
**The U.S. Department of Health**  
**& Human Services**  
**Office of Civil Rights**  
**200 Independence Ave S.W**  
**Washington, D.C. 20201**  
**(202) 619-0257**  
**Toll Free 1-877-696-6775**