

NOTICE OF PRIVACY PRACTICES

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

Understanding your health record

A record is made each time you are treated at **Accelerated Rehab and Sports Medicine**. Your injuries, evaluation and test results, diagnosis, treatment, and plan of care are recorded. This information is most often referred to as your “health or medical record,” and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others.

Understanding your health information rights

Your health record is the physical property of **Accelerated Rehab and Sports Medicine** but the content is about you, and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your health record. Your right includes being able to review or obtain a paper copy of your health information, and be given an account of all disclosures. You may also request communication of your health information be made by alternative means or to alternative locations. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information.

Our responsibilities

Accelerated Rehab and Sports Medicine is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. **Accelerated Rehab and Sports Medicine** is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations. **Accelerated Rehab and Sports Medicine** reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient health information. In the event that changes are made, **Accelerated Rehab and Sports Medicine** will notify you at the current address provided on your medical file. Other than for reason described in this notice, **Accelerated Rehab and Sports Medicine** agrees not to use or disclose your health information without your authorization.

To receive additional information or report a problem

For Further explanation of this notice you may contact the Secretary of Health and Human Services with no fear of retaliation by **Accelerated Rehab and Sports Medicine**.

Your health information will be used for treatment, payment, and healthcare operations.

Treatment- Information obtained by your therapist at **Accelerated Rehab and Sports Medicine** will be recorded in your medical record and used to determine the course of treatment. This consists of your therapist recording his/her own expectations and those of others involved in providing your care. The sharing of your health information may progress to others involved in your care, such as physicians.

Payment- Your healthcare information will be used in order to receive payment for services rendered by **Accelerated Rehab and Sports Medicine**. A bill may be sent to either you or a third party with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

Healthcare operations- The medical staff at **Accelerated Rehab and Sports Medicine** will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

Understanding our clinic policy from specific disclosures

Business Associates- Some or all of your health information may be subject to disclosure through contracts for services to assist **Accelerated Rehab and Sports Medicine** in providing healthcare. To protect your health information, we require these business associates to follow the same standards held by our clinic through terms detailed in written agreement.

Notification- Your health record may be used to notify or assist family members, personal representative, or other persons responsible for your care to enhance your well-being or your whereabouts.

Communication with family- Using best judgment, a family member or close personal friend, identified by you, may be given information relevant to your care and/or recovery.

Worker's Compensation- **Accelerated Rehab and Sports Medicine** will release information to the extent authorized by law in matters of Worker's Compensation.

Public Health- **Accelerated Rehab and Sports Medicine** is required by law to disclose health information to public health and /or legal authorities charged with tracking reports of birth and morbidity. **Accelerated Rehab and Sports Medicine** is further required by law to report communicable disease, injury, and disability.

Law Enforcement- (1) Your health information will be disclosed for law enforcement purposes as required under state law or in response to valid subpoena. (2) Provisions of federal law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys in the event that a staff member or business associate of **Accelerated Rehab and Sports Medicine** believes in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more patients, workers, or the general public.

PATIENTS SIGNATURE

DATE:
