

Sports Medicine Associates

NOTICE OF PRIVACY PRACTICE

Protecting your confidential health information is important to us

Dear Patient:

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please review this carefully.**

It is our desire to communicate to you that we are taking the new HIPAA (Health Portability and Accountability Act) Law seriously. We do not ever want to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to state and federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your health information only for the purpose of providing you treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

HOW YOUR HEALTH INFORMATION MAY BE USED

To Provide Treatment: We will use your health information within our office to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between physician and business office staff. In addition we may share your health information with referring physicians, clinical and pathology laboratories, pharmacies or other health care personnel providing you treatment. Our physicians may see patients at other locations. In order to provide the best care, we may forward any of your health information.

To Obtain Payment: We may include your health information with an invoice used to collect payment for treatment you receive in our office. We do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health insurance.

To Conduct Health Care Operation: It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certifications, licensing or credentialing activities.

In Patient Reminders: Because we believe regular care is very important to your general health, we will remind you of scheduled appointments. These communications are an important part of our philosophy of partnering with our patients. They may include letters, telephone or electronic reminders such as email (unless you tell us you do not want these reminders).

Family, Friends and Caregivers: We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medication or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information, only when it is important to those participating in providing your care.