

HILL COUNTRY SPORTS MEDICINE

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 !

- *Our Legal Responsibilities:*

This Privacy Notice is being provided to you as a requirement of a federal law known as the Health Insurance Portability and Accountability Act (" HIPAA"). The Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control protected health information in some cases. Your " protected health information " means any written and oral health information about you, including demographic data that can be used to identify you.

We are required to follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on April 14, 2003, and will remain in effect until we replace it.

As permitted by law, we reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available to you at your next visit to our Practice. You may request a copy of our Notice at any time.

- *Examples of Uses and Disclosures of Protected Health Information:*

Our Practice may use your protected health information for purposes of providing treatment, obtaining payment for

treatment and conducting health care operations.

A. Treatment: We may use or disclose your health information to a physician or other healthcare practitioner providing treatment to you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record. We also may disclose medical information about you to people who may be involved in your medical care, which may include your family member, or other personal representatives.

B. Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example, we may need to give your healthcare information, regarding the treatment you received from us, to obtain payment or reimbursement for the care.

C. Healthcare Operations: We may use and disclose your health information in connection with healthcare operations. Healthcare operations include such activities as: quality assessment and improvement activities, training programs, medical reviews, and employee review activities, licensing and credentialing programs.

D. Uses of Information: We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting area when your physician is ready to see you, to contact you to remind you of your appointment.

E. Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

F. To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family

member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

G. Persons Involved In Care: Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

H. Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

I. Required by Law: We may use or disclose your health information when we are required to do so by law.

J. Abuse and Neglect: We may disclose your health information to public authorities as allowed by law to report abuse or neglect. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.