

Performance Injury Care & Sports Medicine
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 IT CAREFULLY.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care providers for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example; A physician, nurse, or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. Or, your health information may be disclosed to another health care provider if that provider will be involved in your care and treatment.

Performance Injury Care & Sports Medicine will provide information to pharmacies in order to help prevent harmful drug interactions and as a precaution for drug overdoses. We will also provide your referring physician with copies of your records to assist them in treating you.

Payment. Your health information may be used or disclosed to request payment from your health plan, from other sources of coverage such as an automobile insurer, or workers compensation. For example; We will send a bill to your health insurance plan, which will include information that identifies you, your diagnosis, treatment received, and supplies used.

Health care operations. Your health information may be used or disclosed as necessary to support the day-to-day activities and management of Performance Injury Care & Sports Medicine. For example; Members of the medical staff and management may use information in your health record to assess the care and outcomes in our cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Required by law. We may use and disclose your health information as required by federal, state, or local law. Any use or disclosure will comply with the law and will be limited to the requirements of the law.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law for purposes related to preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Judicial and administrative proceedings. We may disclose your health information in the course of an administrative or judicial proceeding pursuant to a properly issued subpoena or discovery request.

Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, licensing and other proceedings.

Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

Notification and communication with family. We may disclose your health information to notify a family member, your personal representative or another person responsible for your care about your general condition or your treatment. If you are able to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgement in communicating with your family and others.

Appointment reminders. Your health information will be used by our staff to send you appointment reminders or to make reminder calls.

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Your Rights Regarding Your Health Information

You have certain rights regarding your health information. These include:

- The right to request restrictions on the use and disclosure of your protected health information. Your request must be made in writing. If we agree, we will comply to the extent we have not already relied on our legal right to use or disclose your health information.

- The right to receive confidential communications concerning your medical condition and treatment. Your request must be made in writing.
- The right to inspect and copy your protected health information. Your request must be made in writing. We reserve the right to charge a reasonable fee for copies.
- The right to amend your protected health information. You must submit a request to amend your health information in writing and give a reason for your request. We may deny your request to amend in certain instances, including if the request is not in writing or if you do not provide a reason for the request.
- The right to request an accounting of how and to whom your protected health information has been disclosed by us during a specified time period of up to six years, other than disclosures made for treatment, payment and health care operations, to family members or friends involved in your care, to you directly, pursuant to an authorization of you or your personal representative, or certain notification purposes.
- The right to receive a printed copy of this notice.
- The right to revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

Performance Injury Care & Sports Medicine's Responsibilities under the Federal Privacy Standards

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

We are required to train our personnel concerning privacy and confidentiality.

We are required to implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.

We are required to mitigate (lessen the harm of) any breach of privacy/confidentiality.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Records Custodian or Privacy Officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer
Performance Injury Care & Sports Medicine
3150 N. Montana Avenue, Ste. A
Helena, MT 59601

Or to:

United States Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Washington, DC

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

We will respond to your written complaint within 60 days of its receipt.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy Officer
Performance Injury Care & Sports Medicine
3150 N. Montana Avenue, Ste. A
Helena, MT 59601
(406) 457-4105

Effective Date

This Notice is effective on or after 2-14-2003