

Vail Sports Medicine Physical Therapy, P.C.

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. A signature is required on page 3 of this notice.

Layer one is brief, and further details are provided in layer two.

Uses and Disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to who you are referred. Information may be shared by paper mail, electronic mail, fax and other methods. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

Your rights: In most cases, you have the right to look at or get a copy of health information about yourself. If you request copies, we will charge you only normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that any information in your record is incorrect, you have the right to request that we correct the existing information.

Complaints: If you are concerned that we have violated your privacy rights, or you disagree with a decision that we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request.

Our legal duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, please contact the person listed below:

If you have further questions or complaints, please contact the office manager at (970) 476-7510 (for all locations).

Provider Notice of Privacy Practices

Second layer:

1. Uses and Disclosures of Protected Health Information:

Following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for physical therapy may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the physical therapy.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what any employee has documented in your medical record.

Business Associates: We will share your protected health information with third party “business associates that perform various activities” (e.g. billing, transcription services). Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Written Authorization: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke the authorization at any time, in writing.

Opportunity to Object: We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or other person that you identify, your protected health information that directly relates to that person’s involvement in your health care.

Emergencies: In an emergency treatment situation, your provider shall attempt to provide you with a Notice of Privacy Practices as soon as reasonable practicable after delivery of treatment.

Communication Barriers: We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices, but is unable to do so due to substantial communications barriers; and the provider determines, using professional judgment, that you would agree.

Public Health: for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.

Without Opportunity to Object: We may use or disclose your protected health information in the following situations without your authorization or opportunity to object.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

FDA: as required by the Food and Drug Admin. to track products.

Legal Proceedings: in the course of legal proceedings.

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Research: to researchers when an Institutional Review Board has approved their research.

Soldiers, Inmates, and National Security: to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information.

Worker's Compensation: to comply with worker's compensation laws.

Compliance: to the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your protected health information. However, we may refuse to provide access to certain psychotherapy notes of information for a civil or criminal proceeding.
- You have the right to request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this request by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.
- You may have the right to have your provider amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.
- You have the right to receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification information is subject to certain exceptions, restrictions and limitations.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

End of second and final layer of Notice of Privacy Practices

I have read the Privacy Notice and understand my rights contained in the Notice of Privacy Practices.

I hereby acknowledge that I have read this Notice of Privacy Practices, and provide authorization and consent to Vail Sports Medicine Physical Therapy, P.C. to use and disclose my protected health information for the purposes of treatment, payment and healthcare operations as described in the Notice.

Signed _____

Print Name _____

Relationship to Patient: _____ Date _____

Authorized Facility Signature: _____ Date _____