

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.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Snow Sport and Spine may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations" - *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another specialist. *Payment* are activities used, as needed, to obtain payment for worker's compensation or auto accident insurers for healthcare services. For example, obtaining approval for continued physical therapy treatment may require that your relevant protected health information be disclosed to the health plan to obtain approval. *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within Snow Sport and Spine such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of Snow Sport and Spine such as releasing, transferring, or providing access to information about you to other parties.
- "Authorization" is your written permission to disclose confidential medical information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

Snow Sport and Spine may use or disclose PHI for purposes outside of treatment or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment or health care operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations (of PHI) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that Snow Sport and Spine have relied on that authorization.

PHI in a way that is not described in this Notice.

III. Uses and Disclosures without Authorization

Snow Sport and Spine may use or disclose PHI without your consent or authorization in the following circumstances:

- *Health Oversight Activities* - We may disclose PHI to the Maine Board of Examiners of Physical Therapists, or one of its representatives, pursuant to standards or regulations for regulation, accreditation, licensure, or certification.
- *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- *Serious Threat to Health or Safety* - If, in our reasonable professional judgment, we believe that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, we may disclose PHI to the appropriate persons.
- *Abuse or Neglect* - If we reasonably believe that you are a possible victim of abuse, neglect or domestic violence, or the possible victim of other crimes, we may disclose PHI to the appropriate persons.
- *Worker's Compensation* - We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- *Military, Veterans, National Security, and Intelligence* - If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you.
- *Public Health Risks* - We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability; or report suspected abuse or neglect, non-accidental physical injuries, or problems with products.
- *Family and Friends* - We may disclose health information about you to your family members, friends, or others involved in your care or payment if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not capable of giving consent (due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.
- *Personal Representative* - If you have a personal representative who has authority to make health care decisions on your behalf, such as a parent or guardian, we may disclose your health information to such a personal guardian.
- *Appointment Reminders* - We may disclose health information to provide you with appointment reminders (such as voicemail messages or emails).
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), or for specialized government examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information. However, Snow Sport and Spine is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you can ask that we only contact you at work or by mail or email.)
- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI of your file and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. We must permit you to request access to inspect or to obtain a copy (or both) of your medical records, unless we believe that such access would be detrimental to your health. If you are denied access to your medical records, it is possible upon presentation of a written authorization signed by you that such

notes or a “narrative” of the notes may be made available to your “authorized representative.” On your request, we will discuss with you the details of the request and denial process. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies.

- *Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from Snow Sport and Spine upon request, even if you have agreed to receive the notice electronically.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI*. You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Physical Therapist’s Duties:

- Snow Sport and Spine is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you immediately.

V. Complaints

If you are concerned that Snow Sport and Spine has violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice went into effect on July 1, 2007.

Snow Sport and Spine reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice.

VII. Data Breaches

Snow Sport and Spine will notify you immediately should there be a Breach in any unsecured PHI, even if the Breached PHI was secured through encryption.