NOTICE OF PATIENT PRIVACY PRACTICES

If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice. Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains information you supplied about your symptoms, the results of any tests or procedures, the treatment you received, and your response to that treatment. This Notice applies to all of the records of your care generated by your health care provider.

Our Responsibilities
Sports Medicine North Orthopaedic Surgery, Inc. is required by law to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. The current Notice will be posted in the reception area and on our website at www.sportsmedicineonorth.com. The notice will include the effective date. In addition, we will make our best effort to provide you with a copy of this notice and we request that you acknowledge receipt with your signature.

We are required by law to abide by the terms of this Notice and notify you if we make changes to this Notice, which may be at any time changes to the Notice will apply to your medical information that we already had when this Notice was in effect. If we make changes to our Notice, we will make the updated Notice available at our facility. We will also post a copy of the updated Notice at our facility. In addition, we will provide a copy of this Notice to you upon request, at no charge.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services you receive.

For Health Care Operations: We may use or disclose, as needed, your health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employees review activities, licensing, legal advice, accounting support, information about you, operations of our business, or arranging for other business activities. In addition, we may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment by telephone or reminder card.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include transcription, quality assurance, software/hardware support, collections or practice management consulting. If these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do and bill you or your insurance company or third party payer. However, we require the business associate to appropriately safeguard your information.

Health Care Operations: The privacy practices listed in this Notice apply to all of your medical information that we have created or received for the purposes of treatment, payment or health care operations. They do not apply to information that has already been released to you or to information that we receive from you directly. We may use or disclose medical information for any purpose not prohibited by this Notice.

For Treatment: We may use and disclose medical information about your treatment and services to persons who are directly involved in your care or payment for your care.

For Payment: We may use and disclose medical information about your medical bill or bill and payment arrangements with you.

For Health Care Operations: We may use or disclose, as needed, your health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employees review activities, licensing, legal advice, accounting support, information about you, operations of our business, or arranging for other business activities.

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Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, information about health-related benefits or services, to remind you that you have an appointment for medical care; or other community based initiatives or activities in which our health care will be involved.

Other Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

As required by law. We may use and disclose health information to the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or death
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Activity
- Health Oversight Agencies
- National Security and Intelligence Agencies

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We also may use and disclose your health information as set forth below. You have the opportunity to agree or object to such use or disclosure of all or part of your health information in these instances:

- If you are not present or able to agree or object to the use or disclosure of the health information (such as in an emergency situation), then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.
- In the case of a family, family member or friend who is involved in your care or for payment for your care, a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing.
- If we disclose health information to the following types of entities, including but not limited to:

Food and Drug Administration
Public Health or Legal Authorities charged with preventing or controlling disease, injury or death
Correctional Institutions
Workers Compensation Agents
Organ and Tissue Donation Organizations
Military Activity
Health Oversight Agencies
National Security and Intelligence Agencies

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, information about health-related benefits or services, to remind you that you have an appointment for medical care; or other community based initiatives or activities in which our facility is participating. If you are not interested in receiving these materials, please contact our Privacy Officer.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

- If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- We may disclose health information to the following types of entities, including but not limited to:

- Funerals Directors, coroners and medical directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- Authority that receives reports on abuse and neglect

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

State Specific Requirements: Many states have requirements for reporting, including population-based activities relating to improving health or reducing health care costs. As required by law. We may use and disclose health information to the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or death
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Activity
- Health Oversight Agencies
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Your Health Information Rights

Although your health record is a physical property of the Sports Medicine North Orthopaedic Surgery, Inc. that compiled it, you have the right to:

- Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about you. We may charge a fee for this service.
- Ask us to limit what information is used or disclosed about you: You have the right to request that we not use or disclose certain medical information for treatment, payment or health care operations. You also have the right to request that we limit what information is used or disclosed about you for purposes as required by law or in response to a valid subpoena.

- Request restrictions of your health information: You have the right to request restrictions of your health information that may be used or disclosed about you to someone who is not involved in your care or for payment for your care, a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We ask that you submit these requests in writing.
- Receive confidential communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We ask that you submit these requests in writing.

A Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to amend the information by submitting a request in writing. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures of medical information about you except for certain circumstances, including disclosures for treatment, payment, health care operations or where you specifically authorized a disclosure. Sports Medicine North Orthopaedic Surgery, Inc. will provide the first accounting to you in any 12-month period without charge. The cost of subsequent requests for an accounting of disclosures during the 12-month period will be $10.00. We ask that you submit these requests in writing.

Your rights under the Privacy Notice: The following are your rights:

- You have the right to request and receive a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

- To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

- If you believe your privacy rights have been violated, you may file a complaint with us by calling (978) 854-4840 and asking for the Privacy Officer or by contacting the Secretary of the Federal Department of Health and Human Services. All complaints may be submitted in writing.

Privacy Officer: Deborah Shepard
Telephone Number: (978) 854-4840
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