

Charlotte Sports Medicine Institute, PA

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HIPAA 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 carefully.

Understanding Your Health Record/Information:

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights:

Unless otherwise required by law, your health record is the physical property of the healthcare provider or facility that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect, and obtain a copy of your health record. You may also obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or locations, and revoke your authorization to use or disclose health information except to the extent to which action has already been taken.

The Responsibilities of Charlotte Sports Medicine Institute:

This organization is required to maintain the privacy of your health information and provide you with a notice as to our legal duties and privacy practices related to the information we collect and maintain. This organization must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, and accommodate reasonable requests you may have about the communication of your health information. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied. If we maintain a website that provides information about our customer services, we will post our new notice on that website. We will not use or disclose your health information without your authorization, except as described in this notice. Please see reverse for Examples of Disclosures.

Patient Access to and Amendment of Protected Health Information:

Patients have the right to access their protected health information (medical records) with a request in writing to their provider's office, understanding that administrative fees may incur. Patients may also request an amendment of their medical records with a written submission to their provider(s), detailing the amendment. There is a 180 day time limit for filing of complaints related to medical record amendment.

For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact our office administrator at 704-509-6427. If you believe your privacy rights have been violated, you can file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

CSMI HIPAA Notice of Privacy Practices (cont.)

Examples of Disclosures:

We will use your health information for treatment. Information obtained by the healthcare provider will be recorded in your record and used to determine the course of treatment that should work best for you. This information may be used by the healthcare team to assist in your treatment. We will also provide copies of reports to your other healthcare providers to assist in your treatment.

We will use your health information for payment. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnosis, procedures, and supplies used for your care.

We will use your health information for regular health operations. Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will be used in an effort to improve the quality and effectiveness of the healthcare and services we provide.

Information may be used to notify and communicate with family. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. Health professionals, using their best judgment, may disclose to a family member, other relatives, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Information may be available to business associates. There may be some services provided in our organization through contracts with business associates. Examples include radiology, durable medical equipment, etc. When these services are contracted, we may disclose some or all of your health information to perform the requested service. However, to protect your health information, we require the business associates to appropriately safeguard your information.

Information may be requested by legal means. As required by law, we may disclose to the Food and Drug Administration (FDA) health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement. We may also disclose your health information to public health or legal authorities charged with tracking births and deaths, as well as with preventing and controlling disease, injury, or disability. We may also be required to disclose health information for law enforcement purposes or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Information may be requested by Workers' Compensation or Correctional Institutions. We must disclose health information to the extent authorized by and to the extent necessary to comply with North Carolina law relating to workers' compensation or other similar programs established by law. For inmates of correctional institutions, your health information may be disclosed to the institution or agents thereof as necessary for your health and the health and safety of other individuals.

We may contact patients via phone or Internet communication. Patients may be contacted at home with a telephone call reminder of a forthcoming appointment or via email through an address provided by the patient. We may also provide health-related information via Internet applications that use your name, email address, and diagnosis. Efforts will be made to protect your privacy including providing only the information necessary for your care and taking reasonable measures for Internet security.