

# Premier Sports and Spine Center-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.**

Premier Sports and Spine (PSSC) uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of PSSC.

## How PSSC May Use or Disclose Your Health Information

*For Treatment.* PSSC may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions take by them in the course of your treatment and note how you respond to the actions.

*For Payment.* PSSC may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

*For Health Care Operations.* PSSC may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

*Required by Law.* PSSC may use and disclose information about you as required by law. For example, PSSC may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;

*Public Health.* Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

*Decedents.* Health information maybe disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

*Organ/Tissue Donation.* Your health information may be used or disclosed for cadaver, organ, eye or tissue donation purposes.

*Research.* PSSC may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

*Health and Safety.* Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

*Government Functions.* Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation. Minnesota law permits disclosure of your information to the parties involved in the claim without specific consent, if the information is related to a workers compensation claim.

To Family Members or Friends who will be caring for you or paying your medical bills. If you are able to make your own health care decisions, we will ask your permission before sharing medical information about you. If you are unable to make health care decisions, PSSC will disclose relevant medical information to family members or to others if we think it is in your best interest to do so. For example, we may provide limited medical information to allow a family member to pick up a note or x-ray for you.

Other Uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent Good Neighbor Society has taken action in reliance on such authorization.

### **Your Health Information Rights**

You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, PSSC is not required to agree to a requested restriction unless the requested restriction (i) relates to disclosures to a health plan for payment and/or health care operations, and (ii) the PHI relates to a health care service or product for which you have paid in full and out of your own pocket.
  - obtain a paper copy of the Notice of Privacy Practices upon request;
  - inspect and obtain a copy of your health record as provided for in 45 CFR §164.524;
- If you request a copy, we may charge a fee for the costs of copying, mailing, or other supplies needed to respond to your request, to the extent permitted by state and federal law.
- amend your health record, as provided in 45 CFR §164.526, by submitting a written request;

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for PSSC;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Already is accurate and complete as originally written/printed.
- request communications of your health information by alternative means or at alternative locations;
  - revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
  - receive an accounting of disclosures made of your health information as provided by 45 CFR § 164.528 and the HITECH Act.

### **Complaints**

You may complain to PSSC and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

### **Obligations of Premier Sports and Spine (PSSC)**

PSSC is required by law to:

- maintain the privacy of protected health information and notify you in the event of a breach if the breach poses a significant risk of financial, reputation, or other harm to you;
- provide you with this notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

PSSC reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you at PSSC's website: <http://www.premiersportsandspine.com>