

NOTICE OF PRIVACY PRACTICES

PURPOSE:

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.

This notice takes effect on April 14, 2003 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

Protected health information is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health care and related health care services. We are committed to protecting your information. We create a record of the care and services you receive at our facility. We keep this record to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also inform you of your rights and outline certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

Law Requires Us to:

1. Protect your health information.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Abide by the terms of privacy practices now in effect.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we store, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make any important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

This section describes different ways that we use and disclose medical information. Following are different kinds of uses or disclosures and their meaning. Not every use or disclosure will be listed. However, we have listed examples of ways we are permitted to use and disclose medical information.

FOR TREATMENT:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.

Example: We would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., nurses, technicians, medical students or healthcare providers) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. 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.

FOR PAYMENT:

Your protected health information will be used and disclosed, as needed, to obtain payments for health care services.

Example: You have surgery.

- We may need to give your health insurance plan information about surgery you received, so that your health plan will pay us or repay you for any surgery that you paid for.
- We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

FOR HEALTH CARE OPERATIONS:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting accreditation, certificates, licenses and credentials we need to serve you. We will share your protected health information with third party "business associates" that performs various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate 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.

USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION.

ADDITIONAL USES AND DISCLOSURES:

Other uses and disclosures of protected health information will only be made with your written authorization unless otherwise permitted or required by law. You may revoke this authorization in writing at any time. The exception to this revocation is that your physician has taken an action in reliance on the authorization. In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

Notification:

Medical information to notify or help notify:

- a family member
- your personal representative
- another person responsible for your care

We will share information about your location, general condition, or death, if you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

OTHER PERMITTED AND REQUIRED DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT.

Communication Barriers

We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgement, that you intend to consent to use or disclose under the circumstances.

Facilities/Patient Directories:

We may use the following medical information in our facilities directories: your name, your location in our facility, your general medical condition. We will disclose this information to members of the clergy or, except for religious affiliation, to other persons. We will provide you with an opportunity to restrict or prohibit some or all disclosures for facility directories unless emergency circumstances prevent your opportunity to object.

Facilities/Patient Directories:

We may use the following medical information in our facilities directories: your name, your location in our facility, your general medical condition. We will disclose this information to members of the clergy or, except for religious affiliation, to other persons. We will provide you with an opportunity to restrict or prohibit some or all disclosures for facility directories unless emergency circumstances prevent your opportunity to object.

Disaster Relief:

We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Marketing Health Related Services:

We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

4. YOUR PATIENT RIGHTS

You Have a Right to:

1. Inspect or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by contacting the practice administrator listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice.

If you request copies, we will charge you for each page, and postage if you want the copies mailed to you. Contact us for a full explanation of our fee structure.

2. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request to receive confidential communications from us by alternative means or to alternative locations. Your request must be made in writing to the contact person listed at the end of this notice.
5. Request that we amend your protected health information. In certain cases we may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

6. You have a right to refuse a copy of the Notice of Privacy Practices. Your treatment will not be conditioned on your refusal unless it is for the purpose of creating health information or research related treatment.

QUESTIONS AND COMPLAINTS

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

TOTAL SPORTSCARE, P.C.

BRIAN A. COST, M.D., P.C.

1015 Airport Road, Suite 203

Huntsville, AL 35802

Telephone: (256) 382-7767

If you believe that your privacy rights have been violated, contact the practice administrator named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.