

Sacramento Knee & Sports Medicine Medical Corporation

NOTICE OF PRIVACY PRACTICES

*This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. PLEASE REVIEW THIS NOTICE CAREFULLY.*

*A federal regulation, known as the "HIPAA Privacy Rule", requires that we provide you a detailed notice in writing of our privacy practices. We know this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.*

**A. Our commitment to protecting health information about you:**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information, known as 'protected health information' or PHI. In conducting our business, we will create records regarding you and the treatment and services rendered to you. We are required by law to maintain the privacy of your PHI, as well as give you this notice stating our legal duties and privacy practices, and comply with the terms of our Notice of Privacy Practices that is currently in effect.

We do reserve the right to make changes to this Notice and to make such changes effective for PHI for all your records that our practice has created or maintained in the past, and any records we may create in the future. If and when this Notice is changed, we will post a copy of our revised Notice in our office in a visible location; you may request a copy of our Notice at any time.

**B. We may use and disclose your protected health information in the following ways:**

**Treatment:** We may use and disclose your PHI to provide, co-ordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and co-ordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, diagnostic imaging, surgical services, physical therapy, or referral to another physician. Also, we may need to use your PHI to obtain authorization for services. The people who work for our practice may use or disclose your PHI in order to treat you or assist you, as well as to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care. We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers's compensation or other similar programs.

**Payment:** We may use and disclose your PHI so that we can bill and collect payment for the treatment and services provided to you. Before, during, and after providing treatment and services, we may share the details with your health insurer to determine if you are eligible for benefits concerning the services you are scheduled to receive or have received, and to ask for payment approval from your health insurer. We may use your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may also use your PHI to bill you directly. We may use your PHI for billing, claims management, and collection activities, as well as disclose PHI to insurance companies providing you with additional coverage. We may disclose PHI to consumer reporting agencies relating to collection of payments owed to us. Further, we may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts. 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.

**Health Care Operations:** We may use and disclose PHI in performing business activities which are called health care operations. As examples of ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, and/or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations as well. Our practice may also use and disclose your PHI to contact you and remind you of an appointment, or of potential treatment options or alternatives, as well as to inform you of health-related benefits or services that may be of interest to you. We may also disclose your PHI to a friend or family member that is involved in your care or who assists in taking care of you, or as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs. We will use and disclose your PHI when we are required to do so by federal, state, or local law.

**C. We may use and disclose your PHI in certain special circumstances as follows:**

**Public Health Risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- preventing or controlling disease, injury, or disability
- reporting disease, injury, birth, or death

- reporting child abuse or neglect
- notifying a person or persons regarding potential exposure to a communicable disease
- notifying a person or persons regarding potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying a person or persons if a product or device has been recalled
- notifying appropriate government agencies and authorities regarding potential domestic violence, abuse, or neglect
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

**Health Oversight Activities:** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**Lawsuits and Similar Proceedings:** Our practice may use and disclose your PHI in response to a court of administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you (or your attorney or other legal representative) of the request or to obtain an order protecting the information the party has requested.

**Law Enforcement:** We may release PHI if asked or compelled to do so by a law enforcement official as follows:

- regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- concerning a death we believe has resulted from criminal conduct
- regarding criminal conduct in our office
- in response to a warrant, summons, court order, subpoena or similar legal process
- to identify/locate a suspect, material witness, fugitive, or missing person
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

**Deceased Patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information for the funeral directors to perform their jobs.

**Organ and Tissue Donation:** Our practice may release PHI to organizations that handle organ, eye, or tissue procurement, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are the organ or tissue donor.

**Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

**Serious Threats to Health or Safety:** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Specialized Government Functions:** Under certain circumstances we may disclose PHI as follows:

- for certain military and veteran activities, including determination of eligibility for veterans for veterans benefits and where deemed necessary by military command authorities
- for national security and intelligence activities
- to help provide protective services for the president, other officials or foreign heads of state
- for the health and safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities

**Worker's Compensation:** Our practice may release your PHI for workers' compensation and similar programs.

**Other Disclosures required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

**D. Under federal law, you have the following rights regarding Protected Health Information about you:**

**Right to Request Restrictions:** You have the right to request restrictions on the PHI that we may use for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include the following: (1) the information you want to restrict; (2) how you want to restrict information; and (3) to whom you want those restrictions to apply.

***Right to Receive Confidential Communications:*** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home rather than at work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted. We are required to accommodate *reasonable* requests. You do not have to give a reason for your request.

***Right to Inspect and Copy:*** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances; however, you may request a review of our denial. The reviewer will be chosen by us. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.

***Right to Amend:*** You may ask us to amend your PHI about you as long as such information is kept by or for our practice and if you believe it to be incomplete or incorrect. Your request must be in writing to our Privacy Official and you must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request in writing and the reason supporting the request. We may also deny your request if you ask us to amend information that is, in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice.

***Right to Receive an Accounting of Disclosures:*** All of our patients have the right to request an accounting of the non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of routine patient care in our practice is not required to be documented. For example, the physician sharing information with staff to assist in your care, or the billing department using your information to file your insurance claim. All requests for an accounting of disclosures must be made to our Privacy Official and must state a time period (which may not be longer than 6 years from the date of disclosure and may not include dates prior to April 14, 2003). The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with the additional requests, and you may withdraw your request before you incur any costs.

***Right to a Paper Copy of This Notice:*** You have a right to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time, even if you have previously received a copy. Please ask for a copy, or contact our Privacy Official listed on the last page of this Notice.

***Right to File A Complaint:*** If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our practice, please contact our Privacy Official at the address and number on the last page of this Notice.

***Right to Provide an Authorization for Other Uses and Disclosures:*** All other uses and disclosures of your PHI will only be made with your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. You may revoke your authorization *in writing* at any time, except to the extent we have taken action based on the authorization. Please note: we are required to retain records of your care.

***Questions:*** If you have any questions about this Notice, please contact our Privacy Official at the address and phone number on the last page of this Notice.

***Privacy Official Contact Information:***

Stephen C. Weber, M.D. or Alicia Trujillo  
2801 K Street, Suite 310, Sacramento, CA 95816  
(916) 454-6677

This notice was published and first became effective on APRIL 14, 2003.

