

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practice that is described in this Notice while it is in effect. The Notice takes effect 4/14/03 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes permitted by applicable law. We reserve the right to make change in our privacy practices and the new terms of our Notice effective for all health information that we maintain, include health information we create or receive before we make changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy policies, or for additional copies of this Notice, you may contact us using the information listed at the end of this Notice.

Uses and Disclosures of Health Information

We use disclosed health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use and disclose your health information to a physician and/or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may receive it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described on this Notice.

Your Family and Friends: We must disclose your health information to you, as described in the patient rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your insurance, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose your health information to notify or assist in the notification of including, identifying or locating a family member, your personal representative or another person responsible for your care, or your location, your general condition, or death. If you are present, then prior to use or disclosure of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to provide appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or crime. We may disclose your health information to the extent necessary to avert a serious threat to your safety and health or to those around you.

National Security: We may disclose your health information to military authorities under certain circumstances. We may disclose your health information to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution and law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, such as: voicemail messages, postcard or letters.

Patient Rights:

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format that you request unless we cannot practically do so. You must make a request, in writing, to obtain access to your health information. You may obtain a form to request by using the contract information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending a letter to the address at the end of this Notice. If you request copies, we will charge you \$_____ for each page, \$_____ per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we and/or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree with these additional restrictions, but if so, we will abide by our agreement (except in an emergency)

Alternative Communication: You have right to request that we communicate with you about your health information by alternative means or to an alternate location. You must make a request in writing. Your request must specify that alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location to your request.

Amendment: You have the right to request that we amended your health information. This request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our web site or by electronic mail (e-mail), you may be entitled to receive this Notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we violated your privacy rights or you disagree with a decision that we made about access to your health information in response to a request, you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of health and Human Services.

Contact Office: Heidi Noonan at The Sports and Rehab Clinic

Telephone: (802) 253- 5694 **Fax:** (802) 253-5697

Address: PO Box 3421, Stowe, VT 05672