



2525 Washington Street
Pella, IA 50219
641.621.1401
Fax 641.628.7308
www.SterlingOSPT.com

STERLING ORTHOPAEDIC & SPORTS PHYSICAL THERAPY, P.C.
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.

If you have questions about this notice, please contact our Privacy Officer at (641) 621-1401.

EFFECTIVE DATE: 07/01/2007

Purpose of this Notice

While receiving care from our facility, information regarding your medical history, treatment, and payment for your health care may be created and/or received by us. Information of this type is protected by state and federal law ("Protected Health Information"); hereby referred to as "PHI". This Notice described your rights and our obligations regarding your PHI.

Your Rights

The law grants you certain rights with respect to your PHI. These rights are as follows:

- ***You have the right to receive a paper copy of this Notice of Privacy Practices upon request, even if you have agreed to accept this notice electronically.***
- ***You have the right to inspect and copy your PHI.*** This means that you may obtain a copy of your PHI that is contained in a designated record set for as long as we maintain your PHI. A "designated record set" contains medical and billing records and other records that we use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes; information related to a civil, criminal, or administrative action or proceeding; and information that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewed. Please contact our Privacy Officer if you have questions about access to your PHI.

- ***You have the right to request a restriction on certain uses and disclosures of your PHI.*** This means that you may request that we do not use or disclose your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or others involved in your care or for notification purposes as described herein. Your request must state the specific restriction requested, and to whom you want the restriction to apply.

We are not required to agree to a requested restriction. If we believe that it is in your best interest to permit the use and disclosure of your PHI, then this information will not be restricted. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction that you wish to request with your physician. You may request a restriction by contacting our Privacy Officer.

- ***You have the right to request confidential communications from us by alternative means or at an alternative location.*** We will accommodate reasonable requests. We may condition this accommodation by asking you for information on how payment will be handled, and specification of an alternative address

HIPAA8A

Version #041403

or method of contacting you. We will not request an explanation from you regarding the reason for the request. Please make this request to our Privacy Officer.

- ***You have the right to request an amendment of your PHI.*** You may request that we amend this information for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to dispute this decision. Please contact our Privacy Officer if you have questions about amending your PHI.
- ***You have the right to receive an accounting of certain disclosures of your PHI.*** This right does not apply to disclosures for treatment, payment or health care operations (as described below). It also does not include disclosures made to you, to a facility directory, to those involved in your care or to certain other disclosures made by us. You have the right to receive an accounting of those disclosures that occurred after April 14, 2003, and for the six years prior to your request. The right to receive this information is subject to particular exceptions, restrictions and timeframes. Please contact our Privacy Officer if you have any questions about an accounting of your PHI.

Our Duties

We understand that your PHI is personal, and we are committed to protecting it. A record of the care and services that we provide to you is created and maintained at this location. This Notice of Privacy Practices applies to all of those records of your care.

As described below, the law also imposes certain obligations and duties upon us with respect to your PHI.

- ***We are required to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices.***
- ***We are required to abide by the terms of our Privacy Notice that is currently in effect. We may change the terms of our notice at any time. If this happens, the new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by calling our Privacy Officer and requesting that a revised copy be send to you in the mail, or by asking for one at the time of your next appointment.***

How Your PHI May Be Used and Disclosed Without Your Authorization

Generally, your PHI may be used and disclosed by us only with your express written authorization. However, there will be some exceptions to this general rule.

Exception: Treatment, Payment, or Health Care Operations

Treatment Purposes. We may use or disclose your PHI to provide, coordinate or manage your medical treatment or services. We may disclose medical information about you to other health care providers who are or will be involved in taking care of you. For example, your PHI 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. Situations may also arise when it is necessary to disclose your PHI to health care providers outside our facility who may be involved in your care. For example, if you reside in a nursing facility, it may be necessary for your physician to disclose medications prescribed by him/her so that they can be appropriately administered by the nursing facility.

Payment Purposes. Your PHI may also be used or disclosed for payment purposes. It is necessary for us to use or disclose PHI so that treatment and services provided by us may be billed and collected from you, your insurance company or other third party payers. Bills requesting payment will usually include information that identifies you, your diagnosis and any procedures or supplies used. It may also be necessary to release PHI to obtain prior approval from your health insurer. We may also release your PHI to another health care provider or individual or entity covered by the HIPAA privacy regulations for their payment activities.

Health Care Operations. Your PHI may also be used for facility operations that support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, and conducting or arranging for other business activities. Also, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits or services.

HIPAA8A

In addition, we may release your PHI to third party “business associates” who perform various activities for us, such as billing or transcription services. Whenever our arrangement with a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Exception: Public Health Activities

Collection of Information by Public Health Agencies. We may use or disclosure information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This information may be used to report disease, injury or vital events and to conduct public health surveillance, public health investigations and interventions. We may also use or disclosure information to a foreign government agency that is collaborating with the public health authority.

Child Abuse or Neglect. We may disclose your PHI to a government authority that is authorized by law to receive reports of child abuse or neglect.

Food and Drug Administration. We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, or biological product deviations; track products; enable product recalls; make repairs or replacements or to conduct post marketing surveillance.

Communicable Diseases. We may disclose your PHI, if authorized by law, to a person who may have been exposed a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Workplace Injuries. We may disclose your PHI, if authorized by law, in certain situations relating to the reporting of workplace injuries.

Other Permitted Uses and Disclosures Without Your Consent

Required by Law. We may use or disclose your PHI to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the requirements of such law.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI to the appropriate governmental entity if we believe that you have been a victim of abuse, neglect or domestic violence. The disclosure will be made consistent with the requirements of the state and federal law.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for oversight activities authorized by law, such as audits, investigations and inspections.

Legal Proceedings. We may disclose your PHI in the course of a judicial or administrative proceedings, in response to an order of a court or administrative tribunal or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may disclose your PHI to a law enforcement official for law enforcement purposes. These disclosures include the following purposes: (1) Disclosures pursuant to legal processes and as otherwise required by law; (2) disclosures of limited information for identification and location of a suspect, fugitive, material witness or missing person; (3) disclosures about an individual who is suspected to be a crime victim; (4) disclosure if there is suspicion that a death occurred as a result of a crime; (5) disclosure if we believe that a crime has occurred on our premises; and (6) disclosures which are related to reporting a crime in response to or during a medical emergency.

Information About Decedents. We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for other duties required by law. We may also disclose PHI to a funeral director in order to permit the funeral director to carry out his/her duties.

Organ Donation. We may disclose PHI for the purpose of cadaveric organ, eye or tissue donation.

Research. In some instances, we may disclose your PHI for research purposes. All research projects which use PHI are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies you will be removed.

HIPAA8A

Workers' Compensation. We may disclose your PHI as authorized to comply with workers' compensation laws and other similar programs.

Threats to Health or Safety. We may disclose limited PHI if we believe it is necessary to prevent or lessen a serious and imminent threat to you or to the public.

Specialized Government Functions. We may disclose your PHI for the following government functions: (1) Military and veterans activities, including information relating to armed forces personnel for the execution of military missions, separation or discharge from military services, veterans benefits and foreign military personnel; (2) national security and intelligence activities; (3) protective services for the president and others; (4) medical suitability determinations; (5) correctional institutions and other law enforcement custodial situations, including information about inmates of correctional facilities if necessary to protect the health and safety of the inmate or others; and (6) government programs providing public benefits as authorized by law and for purposes of sharing eligibility or enrollment information or for other covered functions.

Uses and Disclosures Based Upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing (unless we have acted in accordance with an authorization executed by you, or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer to contest a claim under the policy.)

Uses and Disclosures That May Be Made With Your Opportunity To Object

Patient Directory. Our facility maintains a directory of patient names and their location within our facility, including information related to your general condition and religious affiliation. This information is provided upon request to members of the clergy and to other persons who ask for your information by your name. You may object to the inclusion of this information in our directory. If you wish to object to the inclusion of your information in our patient directory, please contact our Privacy Officer.

Notification. Unless you have informed us otherwise, your PHI may be used or disclosed by us to notify or assist in notifying a family member or other person(s) responsible for your care. In most cases, PHI disclosed for notification purposes will be limited to your name, location and general condition. If you wish to limit or prevent the use of your PHI for notification purposes, please contact our Privacy Officer.

Communication with Family Members and Caregivers. Unless you have informed us otherwise, we will release PHI to a family member, relative and/or friend who is involved in your care to the extent necessary for them to participate in your care. If you wish to limit or prevent the use of your PHI for this purpose, or if you wish to limit the person(s) to whom this information may be communicated, please contact our Privacy Officer.

Important Contact Information

This Notice of Privacy Practices has been provided to you as a summary of how we will use your PHI and your rights with respect to your PHI. If you have any questions or need more information regarding your PHI, please contact our Privacy Officer.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting our Privacy Officer. You may also file a complaint with the U.S. Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

HIPAA8A

Version #041403