



NOTICE OF PRIVACY POLICIES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

USES AND DISCLOSURES

TREATMENT: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For instance, results of laboratory tests and procedures kept in your medical record will be available to all health professionals who may provide treatment to you or who may be consulted by staff members relating to your care.

PAYMENT: Your health information may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer. For example your health plan may request and receive information regarding dates of service, the services provided and the medical conditions being treated.

HEALTH CARE OPERATIONS: Your health information may be used as necessary to support the day-to-day activities and management of Elite Sports Medicine + Orthopedics, PLC. Budgeting and financial reporting are examples of such usage.

LAW ENFORCEMENT: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies as required by law. For instance, we are required to report certain communicable diseases to the state's public health department.

RESEARCH: We may access your health information for research purposes; this may include Institutional Review Board-approved and regulated clinical studies as well as retrospective reviews of patient outcomes.

Your name will not be released for research purposes.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you wish to change a previous authorization, you may DO SO by submitting to our office a written revocation of that previous authorization. Please be aware that your decision to revoke the previous authorization will not affect or undo any prior use or disclosure of information associated with the initial authorization.

ADDITIONAL USES OF INFORMATION: Appointment reminders. Our staff will use your health information to remind you of pending appointments.

INFORMATION ABOUT TREATMENTS: Your health information may be used to send you information on the treatment and management of your medical condition or on other health-related goods and services that you may find to be of interest.

INDIVIDUAL RIGHTS

You have certain rights under federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.

- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

ELITE SPORTS MEDICINE + ORTHOPEDICS, PLC DUTIES

We are required by law to maintain the privacy of our protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in the notice.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

As permitted by federal regulation, we may require in certain circumstances that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our receptionist or our Privacy and Compliance Officer.

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

CONTACT PERSON

The name and address of the person you can contact for further information concerning our privacy practices is:

Privacy and Compliance Officer/Administrator
Elite Sports Medicine + Orthopedics, PLC
2004 Hayes Street, Suite 200
Nashville, TN 37203
(615) 324-1600

Effective date of notice: January 31, 2019