

Orthopedic & Sports Enhancement Center, LLC
2406 E. Empire St.
Bloomington, Illinois 61704
(309)663-9300

Health Insurance Portability and Accountability Act Privacy Notice
Effective March 1, 2006

This privacy notice is being provided to you as a requirement of a federal law (HIPAA.) This privacy notice details how we may use and disclose your protected health information as permitted by law. Your "protected health information" means any oral or written health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider that relates to your past, present or future physical or mental health or condition. This notice also describes your access and control rights regarding your protected health information.

We are required by law to maintain the privacy of your health information, to provide you this notice, and to abide by the terms of this notice. We reserve the right to amend our policy and to make new provisions effective for all future protected health information. Should this occur you will be provided a revised notice at your next visit.

Uses and Disclosures of Protected Health Information

Unless restricted by you, OSEC, LLC may disclose your protected health information for the following purposes:

- Treatment – To provide, coordinate or manage your healthcare and any related services.
- Payment – To obtain payment for services we provide. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.
- Operations – Operations within OSEC, LLC to conduct quality assessment and improvement, employee training and review, student training, compliance reviews, medical reviews, legal services, business management and general administrative activities. We may also disclose information to another provider or health plan for their health care operations.
- Other Uses and Disclosures – Appointment reminders or to inform you of potential treatment alternatives, options or health-related benefits or services.

Uses and Disclosures That Go Beyond Treatment, Payment and Health Care Operations

In some cases federal privacy rules allow disclosure of protected health information without your permission, authorization or opportunity to object.

- When legally required by federal, state or local law.
- When there are risks to public health.
- To report suspected abuse, neglect or domestic violence.
- To conduct health oversight activities including audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; other activities authorized by law. We will not disclose information under this authority if your health information is not directly related.
- Judicial and Administrative Proceedings.
- Law Enforcement Purposes
- Disclosure to coroners, funeral directors and for organ donation.
- Research Purposes
- As necessary in the event of a serious threat to health or safety.
- Specified government functions.
- Workers' Compensation

Uses and Disclosures Permitted without Authorization but with Opportunity to Object

We may disclose your protected health information to your family or a close personal friend if it is directly relevant to the person's involvement in your treatment or payment related to your treatment. We may also disclose this information in connection with trying to locate or notify family members or others involved in your care.

You may object to these disclosures. If you do not state an objection verbally or in writing we can infer you have no objection.

Authorized Uses and Disclosures

Unless otherwise stated in our privacy notice we will not disclose your health information without your written authorization. You may revoke your authorization at any time in writing. However, this does not revoke any actions already taken with regard to release of your protected health information.

Patient Rights Regarding Private Health Information

- You may inspect and copy your protected health information unless restricted by law.
- You have the right to request restrictions on uses and disclosure of your protected health information unless restricted by law.
- You may request to receive confidential communications from us by alternative means or at an alternative location when reasonable.
- You may request amendments to your protected health information.
- You have the right to receive an accounting of certain disclosures.
- You have the right to obtain a detailed copy of our privacy policy.

Complaints

If you believe your privacy rights have been violated, you may contact the Secretary of Health and Human Services. You may also file a written complaint to the Privacy Officer of this facility. We encourage you to express any concerns you may have.

Written complaints may be submitted to:

Orthopedic and Sports Enhancement Center, LLC
2406 E. Empire St.
Bloomington, IL 61704

You may contact the privacy officer of this facility by telephone at (309) 664-1376.

I have received a copy of the privacy policy of Orthopedic and Sports Enhancement Center, LLC

Print Patient's Name

Signature of Patient or Guardian

Date

Signatory's Relationship to Patient

(Check one)

- Self
- Parent/Guardian/Caregiver

I authorize release of my private health information to the following relatives/caregivers:
