

**YELLOWSTONE SPORTS MEDICINE**  
**Notice of Privacy Practices**  
**HIPPA: HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT**

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

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**TREATMENT:** Your Protected Health Information (PHI) 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 example, results of laboratory tests and procedures will be available in your medical record to all health care professionals who may provide treatment or who may be consulted by staff members.

**PAYMENT:** Your Protected Health Information (PHI) may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**HEALTH CARE OPERATIONS:** Your Protected Health Information (PHI) may be used as necessary to support the day-to-day activities and management of Yellowstone Sports Medicine. For example, information on the services you received may be used to support budgeting and financial reporting and for activities to evaluate and promote quality.

**LAW ENFORCEMENT:** Your Protected Health Information (PHI) 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 Protected Health Information (PHI) may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**WORKERS COMPENSATION:** Your Protected Health Information (PHI) will be released to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**LAWSUITS AND DISPUTES:** Your Protected Health Information (PHI) may be disclosed in response to a court or administrative order in a lawsuit or dispute. Subject to all legal requirements we may also disclose your Protected Health Information (PHI) about you in response to a subpoena.

**ADDITIONAL USES OF PERSONAL HEALTH INFORMATION**

**APPOINTMENT REMINDERS:** Your Protected Health Information (PHI) will be used by our staff to provide you with appointment reminders.

**INFORMATION ABOUT TREATMENTS:** Your Protected Health Information (PHI) may be used to send you information that you may find of interest on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Other uses and disclosures of your Protected Health Information (PHI) require your **WRITTEN** authorization. Disclosure of your Personal Health Information (PHI) or its use for any purpose other than those listed above requires your specific **WRITTEN** authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a **WRITTEN** revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.



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**INDIVIDUAL PATIENT RIGHTS**

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

- 1) **THE RIGHT TO** receive a printed copy of this notice.
- 2) **THE RIGHT TO** request restrictions on the use and disclosure of your Protected Health Information (PHI).
- 3) **THE RIGHT TO** inspect and obtain a copy of your Protected Health Information (PHI).
- 4) **THE RIGHT TO** amend or submit corrections to your Protected Health Information (PHI).
- 5) **THE RIGHT TO** receive an accounting of how and to whom your Protected Health Information (PHI) has been disclosed.
- 6) **THE RIGHT TO** receive confidential communications concerning your medical condition and treatment.

**YELLOWSTONE SPORTS MEDICINE DUTIES**

As required by federal law, Yellowstone Sports Medicine will maintain this privacy of your Protected Health Information (PHI) and will provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

**Right to revise Privacy Practices**

As permitted by federal 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. We will provide you with a revised notice at your next office visit or upon request. This revised policies and practices will be applied to all Protected Health Information (PHI) we maintain.

**REQUESTS TO INSPECT PERSONAL HEALTH INFORMATION (PHI)**

A patient may inspect or obtain a copy of the Protected Health Information (PHI) that we maintain. As permitted by federal regulation, all requests to inspect or obtain a copy of Protected Health Information (PHI) must be submitted in WRITING. A form to request access to your Protected Health Information (PHI) may be obtained from a receptionist or our privacy officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. A decision to grant the patient or the patient's personal representative permission to inspect or obtain a copy of the Protected Health Information (PHI) will be made within 30 (THIRTY) DAYS of the date on which the request is submitted.

**COMPLAINTS**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Compliance Officer  
Yellowstone Sports Medicine  
720 Lindsay Lane, Suite B  
Cody, Wyoming 82414  
(307) 578-1953

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:

Jenny Mitchell, Privacy Officer  
Yellowstone Sports Medicine  
720 Lindsay Lane, Suite B  
Cody, Wyoming 82414  
(307) 578-1949