

Presidio Sport & Medicine
Notice of Privacy Practices for Protected Health Information
Health Insurance Portability & Accountability Act of 1996 (HIPAA)

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

1. Purpose of this notice. In the course of doing business, Presidio Sport & Medicine, hereby referred to as the Covered Entity, gathers and retains protected health information about our patients. The Covered Entity respects the privacy of your protected health information and understands the importance of keeping this information confidential and secure. This Notice describes how the Covered Entity protects the confidentiality of your protected health information that we receive. The Covered Entity has implemented policies and procedures in accordance with federal and state confidentiality and privacy laws to protect your privacy. The Covered Entity is obligated to maintain the privacy and confidentiality of your protected health information. The Covered Entity is also obligated to provide you with notice of its legal obligations to maintain the privacy of your protected health information and to provide you with notice of its policies and procedures about privacy and confidentiality. These policies and procedures apply to past, present, and future patients of the Covered Entity and past, present, and future protected health information. The Covered Entity is required to abide by terms of the notice of privacy procedures currently in effect.

2. Definition of "Protected Health Information." "Protected Health Information" means any "individually identifiable health information that is transmitted by electronic media; (ii) maintained in Internet (wide-open), Extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, private networks, and those transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk media; or (iii) transmitted or maintained in any other form or medium." "Individually identifiable health information" is information that is a subset of "health information," including demographic information collected from an individual, and that: (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual. "Health information" means any information, whether oral or recorded in any form or medium, that: (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school, or university, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

3. Types of Uses and Disclosures of Protected Health Information Made. Federal law allows the Covered Entity to use and disclose your protected health information to provide health

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care services to you. It also allows the Covered Entity to bill and collect payments for the health care services provided to you. Finally, it allows the Covered Entity to use and disclose your protected health information as necessary in connection with the health care operations of the Covered Entity. For example, the Covered Entity may use your protected health information to verify your insurance benefits, or to receive authorization for physical therapy visits. The Covered Entity may disclose your protected health information to health plans or other responsible parties to receive payment for the services provided by your physical therapist. The Covered Entity might also use your protected health information in connection with any grievance or appeal that you file if you are unhappy with the care that you have received. Certain governmental agencies may also request access to your protected health information to monitor the activities of certain providers, or even to monitor your health plan or insurance company. The Covered Entity may use your protected health information in connection with disease management programs. The Covered Entity may disclose your protected health information in connection with court orders and subpoenas.

Federal law allows the Covered Entity to use or disclose protected health information (i) for its own treatment, payment, or health care operations; (ii) to disclose protected health information for treatment activities of a health care provider; (iii) to disclose protected health information to another covered entity or a health care provider for the payment activities of the entity that receives the information; or (iv) to disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the protected health information being requested, the protected health information pertains to such relationship, and the disclosure is for (a) conducting quality assessment and improvement activities, including population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment; reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs, training of non-health care professionals, accreditation, certification, licensing or credentialing activities, health care fraud and abuse detection or compliance.

The Covered Entity is also allowed by law to use and disclose your protected health information without your authorization for the following purposes:

- When required by law
- For public health activities, such as reports about communicable diseases or work-related issues;
- In reports about child abuse, domestic violence, or neglect;

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- For health oversight activities, such as reports to governmental agencies that are responsible for licensing physicians or other health care providers;
- In connection with court proceedings or proceedings before administrative agencies;
- For law enforcement purposes, such as responding to a court order or subpoena;
- In reports to coroners, medical examiners, or funeral directors;
- For tissue or organ donation;
- For research, with the approval of certain oversight entities; otherwise, use and disclosure of your protected health information for research requires your authorization;
- To avert a serious threat to the health or safety of a person or the public;
- For national security and intelligence activities, including the protection of the President;
- In connection with services provided under workers' compensation laws;
- For limited marketing purposes when related to your treatment.

The Covered Entity may disclose your protected health information to your family members who are involved in your care without either your consent or your authorization. However, you must be provided with an opportunity to object prior to disclosure.

All other uses and disclosures of your protected health information will be made by the Covered Entity only with your written authorization, which authorization you may revoke at any time.

The Covered Entity may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Covered Entity may contact you to raise funds for itself.

4. How We Protect Protected Health Information. The Covered Entity restricts access to your protected health information to those employees who need access to provide our services. We have established and maintain appropriate physical, electronic, and procedural safeguards to protect your protected health information against unauthorized use or disclosure. We have established a training program that our employees must complete and update annually. We have also established a Privacy Officer that has overall responsibility for developing, training, and overseeing the implementation and enforcement of policies and procedures to safeguard your protected health information against inappropriate access, use, and disclosure, consistent with applicable state and federal law.

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5. Authorizations. If an authorization is needed, the Covered Entity will provide you with an authorization form for you or your personal representative to complete. When you receive the form, please fill it out and return to our front desk staff, either in person, or by mailing to the following address:

Presidio Sport & Medicine
1162 B Gorgas Avenue
P.O. Box 470607
San Francisco, CA 94147
Tel: 415-561-6655
Fax: 415-561-6650

6. Your Right to Access Protected Health Information. As a matter of federal and state law, you have the right to review and copy your protected health information received and retained by the Covered Entity, except in certain circumstances. If you want access to your protected health information, you must notify the Covered Entity in writing. The Covered Entity will respond to your request and provide a time and place, within normal business hours, for your inspection of the protected health information the Covered Entity has in its possession. If you request a copy of the information held by the Covered Entity, a copy can be provided. We reserve the right to charge a reasonable administrative fee for copying your protected health information, as allowed by applicable law.

7. Your right to amend protected health information. Federal and state law allows you the right to amend your protected health information held by the Covered Entity. A request to amend your protected health information must be submitted to the Covered Entity in writing, and the amendment must be no longer than 250 words in length. The Covered Entity will attach your amendment to the record(s) of your protected health information. Your amended protected health information will be made available for your review on request.

8. Your Right to Receive an Accounting of Disclosures. State and federal law provide you the right to request an accounting of all disclosures of your protected health information made by the Covered Entity that are not directly related to your treatment, payment for treatment, or the Covered Entity's health care operations as outlined above. You may request an accounting in writing. The Covered Entity will provide this accounting to you within the period of time established by applicable regulations and in accordance with the policies and procedures established by the Covered Entity.

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9. Your Right to Receive this Notice. You have the right to request and receive a copy of this Notice in written or electronic form. You may contact the Covered Entity for a copy, and one will be provided to you at no charge.

10. Your Right to Request Restriction on Disclosure of Protected Health Information. State and federal law permits you to request restrictions on the use and disclosure of your protected health information by the Covered Entity. The Covered Entity reserves the right to accept or reject your request for restriction. All requests must be made in writing. On receipt, the Covered Entity will review the request and notify you of its decision to either accept or reject the request. Even if the Covered Entity agrees to honor your request to restrict the Covered Entity's uses and disclosures of your protected health information, the Covered Entity may cease to honor that restriction without your consent, on notice to you. In that event, the Covered Entity will continue to honor the request for a restriction in connection with all protected health information, which the Covered Entity received or created prior to termination of the restriction. However, the Covered Entity will not be obligated to honor the restriction after it provides you with notice that it will cease to do so. If you agree to terminate, the Covered Entity may use and disclose all of your protected health information in its possession in accordance with applicable law. All requests for restrictions that are agreed to by the Covered Entity will be made part of your protected health information and be made available for your review on proper request.

11. Your Right to Confidential Communications. You have the right to request that the Covered Entity provide your protected health information to you in a confidential manner. For example, you may request that the Covered Entity send your protected health information by alternate means or to an alternate address, such as by telephone to a different telephone number or to an office address rather than your home address. Also, you may, for example, request that your protected health information be sent in a sealed envelope rather than on a postcard.

12. Your Right to Complain. The Covered Entity is obligated to comply with the privacy practices set forth in this Notice. If you believe that the Covered Entity has violated this privacy policy, you have the right to file a complaint with the Covered Entity, the California Department of Managed Care, or the United States Department of Health and Human Service, Office of Civil Rights. The Covered Entity will not retaliate against you in any way for complaining.

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13. Contacting the Covered Entity as to Your Rights. If you should have any questions regarding your rights or wish to make any of the above requests or complaints, you should direct your inquiries to:

Gretchen Clark
Administrative Director
Presidio Sport & Medicine
1162 B Gorgas Avenue
P.O. Box 470607
San Francisco, CA 94147
415-561-6655

14. Rights Reserved by the Covered Entity. The Covered Entity reserves all of the rights set forth above. The Covered Entity further reserves the right to amend or change the terms of this Notice at anytime and to make provisions of the new notice effective for all protected health information that we maintain. You may request updates to this Notice and such updates can also be found at our website, www.presidiosport.com.