



HIPAA NOTICE OF PRIVACY PRACTICES

Effective September 23, 2013

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice of privacy practices outlines how Canyon Sports Therapy staff may use and disclose your protected health information (PHI) to render treatments, process payments or conduct health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights as a patient to access and control your protected health information. "Protected health information" is information about you, including demographic information, that identifies you and relates to your past, present or future physical or mental health condition, and related health care providers.

OUR USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI)

Canyon Sports Therapy may use or disclose your PHI without your consent for treatment, payment and health care operations.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary over the course of your treatment, to the health care provider who referred you to us. The physician would then have the information necessary to treat or diagnose you based on our assessment or treatment of your condition, and your progress.

Payment: We will use and disclose your PHI, as needed, to obtain payment for services we provide. For example, your health plan may require PHI relevant to a specific treatment/procedure for the purpose of pre-authorizing the requested service, or to process claims.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support business function within our office. For example, we may use a sign-in sheet at the front desk and/or call you by your name(s) in the waiting area. We may use your PHI to contact you about your appointment(s). Additionally, your PHI may be shared with, or your treatments observed by, employees in training.

We may use or disclose your PHI in the following situations without your authorization, circumstances which we are required by law to report in compliance with public health laws and for your own safety and well-being. Such issues include reports of abuse or neglect, hazardous communicable diseases, compliance with FDA requirements, legal proceedings, matters of national security and criminal activity, release of information to coroners and law enforcement examiners, funeral directors, organ donation services and any other disclosure required by law. Under the law, we must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services, investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent or authorization unless required by law. You may revoke this authorization, at any time, in writing except to the extent that your physician or the physician's practice has taken action in reliance on the use or disclosure indicated in the authorization

YOUR PHI RIGHTS

You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect or copy psychotherapy notes, information compiled in a reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceedings, and PHI that is subject to law that prohibits access to protected health information.

You may ask us not to forward your PHI to your insurance company, if you have paid for all services in full. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice of privacy practices.

You have the right to opt out of any internal marketing activities. CST does not sell any of your PHI.

Your health care provider is not required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. *You then have the right to use another health care professional.*

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You may have the right to have your physician amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and we will provide you with a copy of our rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

You have the right to be notified of any breaches of unsecured PHI.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact. *We will not retaliate against you for filing a complaint.*

Canyon Sports Therapy is required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information (PHI). If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer, in person or by phone at (801) 944-1209.

Your signature below is only an acknowledgement that you have reviewed and received (or declined a copy of) this notice of our privacy practices.

Your name: _____

Signature: _____

Date: _____