

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used or disclosed and how you can gain access to it.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This Notice will take effect on **09/01/2012** and will remain in effect until it is amended or replaced by us.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a federal program that requires strict confidentiality for all your personal health information. That includes all your medical and dental information used or disclosed by us in any form, whether electronic, written or verbal. The Act gives you significant rights to understand and control how your health information is used. The Act also provides penalties for the misuse of Protected Health Information (PHI).

Typical Uses and Disclosures of Health Information

Treatment: We will use and disclose your PHI to provide, coordinate or manage your healthcare and related services. This includes the coordination or management of your healthcare by a third party. For example, your PHI may be given to a physician you have been referred to in order to ensure that he or she has the necessary information to diagnose or treat you.

Healthcare Operations: We may use or disclose your PHI to maintain and support business operations. These activities may include quality assessment, to remind you of an upcoming appointment, the need to schedule a new appointment or to call our office.

Disclosures: We may use or disclose your PHI under the following circumstances without your authorization. As required by law, such as public health issues, abuse of neglect, legal proceedings, law enforcement, criminal activity; prison inmates, military activity and national security

The law requires us to disclose to you when we are investigated by the Secretary of the Department of Health and Human Services to determine our compliance with HIPAA. Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke this authorization in writing at any time except to the extent that your physician or the physician's practice has taken action in reliance on the use or disclosure indicated in your authorization.

Payment: We may use or disclose your health information to seek payment for services rendered to you. This disclosure involves our staff and may include insurance organizations and or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

HIPAA Notice of Privacy Practices

This term does not constitute legal advice and covers only federal, not state, law.

Your Rights

You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect or copy the following records:

- psychotherapy notes
- information compiled in reasonable anticipation of, or use in civil, criminal or administrative actions or proceedings
- PHI that is subject to law prohibiting access to said PHI

You have the right to request that we apply additional restrictions on our use of your health information. You may also request nondisclosure of any part of your PHI to family members or friends who may be involved in your care. If you wish that restrictions be placed on your health information, this request must be made in writing.

Your physician is not required to agree to your requested restriction. If your physician believes it is in your best interests to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare 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 (e.g., electronically).

You 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 provide you with a copy of any such rebuttal. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

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

Questions And Complaints

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Office. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

How to Contact US

SPORTSLAB NYC
15 West 39th Street, Floor 4
New York, NY 10018
T: 212 764 0270
F: 212 764 0275
Email: concierge@sportslabnyc.com