

**Mile High Sports and Rehabilitation Medicine**  
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**HIPAA Notice of Privacy Practices**

This Notice of Privacy Practices describes how we may use and disclose your **Protected Health Information (PHI)** to carry out treatment, payment, health care operations and other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information (PHI). "Protected Health Information (PHI)" is information about you, including demographic, medical, or billing information, that may identify you and that relates to your past, present or future physical or mental health or condition.

Your Protected Health Information (PHI) may be used and disclosed by your physician, our office staff and others outside of our office involved in your care and treatment for the purpose of providing health care services to you, to pay for services, to support the operation of the physician's practice, and any other use required by law. Medical records may be released to parties involved in your care, according to state guidelines including, employer (Occupational Medicine and Workers' Compensation), legal representation, or lien companies (Auto/Accident Injury) involved in your care.

We will use and disclose your Protected Health Information (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, to a primary care provider, diagnostic facility, or outside party that provides care to you. PHI may be provided to a physician or facility you have been referred to in order to properly coordinate care.

Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a treatment, referral, diagnostic test, or other medical service.

We may use or disclose, as needed, your PHI in order to support the business activities of this medical practice. These activities include, but are not limited to; quality assessment activities, employee review activities, training, licensing, marketing and fund raising activities, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical providers engaged in the delivery or review of medical services, medical vendors directly involved in the medical care plan, insurance agencies, or other parties involved in the management of medical services. We may ask you to sign your name at the patient registration desk, call you by name from the waiting area, or contact you via telephone. We may use or disclose your protected health information (PHI), as necessary, to contact you to remind you of your appointment, notify you of services, or other activities. We may use or disclose your PHI in the following situations without your authorization. These situations include: as Required by Law, Public health issues as required by law, Communicable Diseases, Health Oversight, Abuse, Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity and National Security requests, Workers' Compensation, and any other Required Uses and Disclosures. Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services.

Other permitted and required uses and disclosures will be made only with your consent, authorization or when 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 an action in reliance on the use or disclosure indicated in this authorization.

You have the right to inspect and copy your Protected Health Information (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, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your Protected Health Information (PHI). This means you may ask us not to use or disclose any part of your Protected Health Information (PHI) for the purposes of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information (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. Your request must state the specific restriction requested and to whom you want the restriction to apply. If you request to restrict access to party responsible for payment of services, you will be responsible for payment in full in accordance with the Financial Policy of Mile High Sports and Rehabilitation Medicine.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your Protected Health Information (PHI), your Protected Health Information (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 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 Protected Health Information (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 will provide you with a copy of any such rebuttal.

We reserve the right to change the terms of this notice at anytime. This notice, in its most updated form, will be available electronically as well physically located at Mile High Sports and Rehabilitation Medicine. In the event of a change to the terms of this notice, you have the right to object or withdraw as provided in this notice.

You may file a complaint with 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 with your complaint.