



ATHLETIC INSTITUTE OF MEDICINE, LTD

Thomas J. Wall, M.D., PhD

## PRIVACY NOTICE OF THE ATHLETIC INSTITUTE OF MEDICINE

**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.**

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices to protect the privacy of The Athletic Institute of Medicine to protect the privacy of your individually identifiable health information or Protected Health Information, as the term is defined under the Health Insurance Portability and Accountability Act of 1996 ("Information"), in providing for your medical treatment and needs.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2013. The Athletic Institute of Medicine is required to follow the terms of this Notice until it is replaced. The Athletic Institute of Medicine may make changes to the terms of this Notice at any time. Upon your request, The Athletic Institute of Medicine will provide you with a copy of its current Notice. The Athletic Institute of Medicine reserves the right to make the new changes apply to Information maintained by The Athletic Institute of Medicine before and after the effective date of the new Notice.

### Purposes for which The Athletic Institute of Medicine May use or Disclose Your Medical Information With your Consent:

The Athletic Institute of Medicine may request your consent for the use and disclosure of your information for treatment, payment or health care operations as described below:

- **Treatment Purposes:** For example, your Information may be disclosed to your primary care physician or to another specialist who referred you to The Athletic Institute of Medicine for treatment. Physical Therapy has open areas of treatment.
- **Payment:** For example, your information may be used and disclosed to submit claims to your insurer and/or to obtain payments for services provided.
- **Health Care Operations:** For example, your Information may be used and disclosed by The Athletic of Medicine to engage in case management, coordination of your care and disclosed and schedule your appointments.
- **Health Care Services:** Your information may be used and disclosed to contact you and to give you information about treatment alternatives or health benefits and services that may be of interest to you.

### Uses and Disclosure with Your Verbal Consent:

Your information may be disclosed to a family member, friend or other person designated by you or as designated by the law, if you verbally agree. With your verbal consent, directory information also may be used and disclosed.

### Uses and Disclosure with Your Authorization:

Except as provided below, your information will not be used for any non-routine purposes unless you give The Athletic Institute of Medicine your written authorization to do so. The Athletic Institute of Medicine may request your written authorization to use and disclose your information for marketing purposes. If you give The Athletic Institute of Medicine written authorization to use or disclose your information for a purpose that is not described in this Notice, then, with certain exceptions, you may revoke it in writing at any time. Your revocation will be effective for the Information The Athletic Institute of Medicine, unless The Athletic Institute of Medicine has taken action in reliance on your authorization.

**Uses and Disclosures Without Your Consent or Authorization:**

- **As required by law:** The Athletic Institute of Medicine must provide your information to the U.S. Department of Health and Human Services and to you, upon request.
- **To Business Associates:** Your Information may be disclosed to The Athletic Institute of Medicine's Business associates who require the information to perform a function for The Athletic Institute of Medicine (i.e. accountant). Each business associate of The Athletic Institute of Medicine must agree in writing to ensure the continuing confidentiality and security of your Information.

Additionally, your information may be used and disclosed without your consent, opportunity to agree or disagree or authorization for other reasons including:

- To comply with legal proceedings, such as a court administrative order or subpoena;
- To law enforcement officials for limited law enforcement purposes;
- For research purposes in limited circumstances;
- To a coroner, medical examiner, or funeral director about a deceased person;
- To an organ procurement organization in limited circumstances;
- To avert a serious threat to your health or safety or the health safety of others;
- To a governmental agency authorized to oversee the health care system or government programs;
- To federal officials for the lawful intelligence, counterintelligence and other national security purposes;
- To public health authorities for public health purposes; and
- To appropriate military authorities, if you are a member of the armed forces.

**You're Rights:**

You may make a written request to The Athletic Institute of Medicine to do one or more of the following concerning your information.

- To put additional restrictions on The Athletic Institute of Medicine's use and disclosure of your information;
- To communicate with you in confidence about your Information by a different means or at a different location than The Athletic Institute of Medicine is currently doing;
- To see and get copies of your Information;
- To correct your information;
- To receive a list of disclosures of your information that The Athletic Institute of Medicine, and its business associates, make for certain purposes for six (6) years prior to your request (after April 14, 2003), with certain exceptions permitted by law including exceptions for disclosures made to you or made pursuant to your authorization; and
- To send a paper copy of the Notice if you receive this Notice by e-mail or on the internet.

If you want to exercise any of these rights or require further information about The Athletic Institute of Medicine privacy practices, please contact The Athletic Institute of Medicine at the address below. Please know that in certain instances, The Athletic Institute of Medicine does not have to agree to your request. The Athletic Institute of Medicine will give you the necessary information and forms for you to complete and return. The Athletic Institute of Medicine will charge you a fee of \$.25 per page for copying.

**Complaints:**

If you believe your privacy rights have been violated by The Athletic Institute of Medicine you have the right to complain to The Athletic Institute of Medicine or the Secretary of the U.S. Department of Health and Human Services. You may file a written complaint with The Athletic Institute of Medicine by contacting the address below. The Athletic Institute of Medicine will not retaliate against you if you choose to file a complaint with The Athletic Institute of Medicine or with the U.S. Department of Health and Human Services.

**Contact Office:**

To request additional copies of this Notice or to receive more information about The Athletic Institute of Medicine privacy practices or your rights, please contact Sabrina, Practice manager at:

The Athletic Institute of Medicine  
9475 E. Ironwood Square Drive  
Suite 100  
Scottsdale, AZ 85258

Telephone 480-778-1400  
Fax 480-778-0400  
E-mail [Aim2win@cox.net](mailto:Aim2win@cox.net)

**Acknowledgement:**

I acknowledge receipt of this Notice.

\_\_\_\_\_  
Patient's Signature or Patient's Legal Representative

\_\_\_\_\_  
Print Patient's Name

Date: \_\_\_\_\_

\_\_\_\_\_  
If Patient's Legal Representative, State Relationship to Patient