

**DISCLOSURES BY
PREMIER PHYSICAL THERAPY AND SPORTS PERFORMANCE
REGARDING YOUR HEALTH INFORMATION**

Disclosure means releasing, transferring, providing access to, or divulging information in any manner outside Premier Physical Therapy and Sports Performance (PPT) or other entity holding the information. 45 CFR § 160.103

We do not sell personal health information or disclose it to companies which wish to sell a patient their products. We must have written permission (called an "authorization") to use and disclose a patient's health information, except for the uses and disclosures described below. Additionally, Nevada law may require that we obtain your specific prior authorization to use and disclose certain health information, such as behavioral health, substance abuse and HIV and/or AIDS information.

You and Your Personal Representative. We may disclose your health information to you or your personal representative (an individual who has the legal right to act on your behalf).

Others Involved in Your Care. We may share your health information with family members or friends who are directly involved in your medical care, or the payment of your medical care, when you are present and have given us verbal or written permission. We will not discuss your health information with your family or friends if you are not present unless you have given us your permission or we believe it is in your best interest. Our health professionals will exercise their professional judgment in determining when friends and family members may receive health information (e.g., a family member picking up a prescription from the pharmacy for a sick individual).

Treatment. We may use your health information or disclose it to third parties to aid with your medical treatment. We may disclose health information about you to doctors, nurses, pharmacists, technicians, medical students, or other persons who are involved in taking care of you. For example, if you are being treated for a knee injury, we may give your progress information to the providers providing your treatment.

Payment. We may use your health information or disclose it to third parties, including the subscriber, in order to obtain payment for your medical treatment to determine your eligibility for benefits, or to coordinate your benefits with other health plans. For example, we may discuss your health information with your doctor to obtain a prior approval for a physical therapy procedure or to determine whether our health plan will cover the treatment. Similarly, we may use or disclose your health information to others to assist with adjudication of health claims or to coordinate benefits with other health coverage you may have. Also, we may share information with a medical provider to determine whether a particular treatment is medically necessary, experimental, or investigational. We will send to the member an explanation of benefits indicating the amount the health plan has paid for medical services provided to the member, his or her covered spouse and other covered dependents.

Health Care Operations. We may use your health information and disclose it to third parties who help us with the day-to-day management of our office. These uses and disclosures are allowed under HIPAA's definition of Treatment, Payment, and Operations (TPO) and ensure that you receive quality care. For example, we may use your health information to conduct quality assessment and improvement activities.

Appointment Reminders and Health Related Benefits and Services. We may use and disclose your health information to remind you about appointments for treatment in our offices.

As Required By Law. We will disclose your health information to third parties when required to do so by federal, state or local law. For example, we may share your health information when required to do so by Nevada workers' compensation law, the Department of Health and Human Services, or state regulatory officials.

To Avert A Serious Threat To Health Or Safety. We may use and disclose your health information to third parties when it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to assist in preventing the potential harm.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order or via HIPAA authorizations you may have executed. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after we make efforts to inform you of the request or to obtain an order protecting the requested information. If you are a party to a lawsuit in a Nevada court case, a court order, or your authorization must be provided to release your health records subpoena.

Public Policy Matters. We may use or disclose your health information in certain limited instances for matters involving the public welfare, such as:

- For public health risks (e.g., prevention or control of disease, non-compliance, reporting abuse and neglect) or for research purposes when there are sufficient privacy protections in place.

- To a health oversight agency for activities authorized by law (e.g. audits, investigations, inspections, and licensure necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- To law enforcement officials (in response to a court order, subpoena, warrant, summons or similar process or to report certain kinds of crimes) and to national security officials under certain limited circumstances.

- To a funeral director, coroner, or medical examiner to permit them to carry out their duties

- To facilitate organ donation and specified research purposes, so long as certain safety measures are in place to protect your privacy.

Employers and Plan Sponsors [Patients and employees of PPT]. In order for you to be enrolled in a health plan, we may share limited information with your employer or other organizations that help pay for your health coverage. However, if your employer or another organization that helps pay for your health coverage asks for specific health information, we will not share your health information unless they first obtain your written authorization.

Business Associates. We hire third parties to provide us with various services that are necessary for our

health plan to function. Before we share your health information with these companies, we will have a written contract with them in which they promise to protect the privacy of your health information.

Other Uses and Disclosures of PHI. We have no plans to use or disclose your health information for purposes other than those provided for above or as otherwise permitted or required by law. If you provide us an authorization to use or disclose your health information to third parties, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Please remember that we are unable to take back any disclosures we have already made with your authorization.

If you have any questions, please discuss them with our Office Manager, Laura Arnold.

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