

SPORTS MEDICINE AND ORTHOPAEDIC CENTER, INC.

**SUMMARY NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

**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 describes the privacy practices of Sports Medicine and Orthopaedic Center, Inc., (SMOC).

**OUR PLEDGE:** We understand that medical information about you and your health is personal. We are committed to protecting it.

**How we use or disclose your health information:** We may use your protected health information (PHI) in order to provide you with medical treatment, obtain payment for services provided to you and to conduct our health care operations to ensure all of our patients receive quality services. (This is explained in detail in our full notice.)

**Your rights regarding medical information about you:** You have the following rights regarding your medical information (some require your written request). You may request access to your medical record and billing information. You have the right to request restrictions regarding your PHI. You have the right to request an amendment if you think your PHI is incorrect. You have the right to an accounting of the disclosures we have made regarding your PHI. You have the right to revoke any former authorization you have given us regarding disclosure of your PHI. You have the right to receive confidential communications. You have the right to file a complaint if you feel we have violated your privacy rights.

You may receive a full paper copy of Sports Medicine and Orthopaedic Center's Notice of Privacy Practices by asking in person at our front desk or in writing to our privacy officer. For further information, please contact our privacy officer at (757) 547-5145.

SPORTS MEDICINE AND ORTHOPAEDIC CENTER, INC.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Sports Medicine and Orthopaedic Center, Inc., is committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. This Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. Please sign the form below to acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices of Sports Medicine and Orthopaedic Center, Inc.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Personal Representative (if appropriate): \_\_\_\_\_

Signature of Personal Representative (if appropriate): \_\_\_\_\_

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

Sports Medicine and Orthopaedic Center, Inc.

Date acknowledgement received: \_\_\_\_\_

– or –

Reason acknowledgement was not obtained: \_\_\_\_\_

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