

## NOTICE OF PRIVACY FOR MEDICAL RECORDS

The Health Insurance Portability and Accountability Act (**HIPAA**) is a federal program that requires that all medical records and individually identifiable health information used or disclosed by us be kept properly confidential. As required by HIPAA, following is an explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes:

**\*Treatment** is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.

**\*Payment** encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

**\*Health care operations** are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to a member of the G4 Athlete staff.

\*Individuals have the right to request G4 Athlete restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death. G4 Athlete is under no obligation to agree to requests for restrictions however should we agree we must comply with the agreed restrictions, except for purposes of treating the individual in a medical emergency.

\*G4 Athlete must permit individuals to request an alternative means or location for receiving communications of protected health information. For example, an individual may request that the provider communicate with the individual through a designated address or phone number. Similarly, an individual may request that the provider send communications in a closed envelope rather than a post card. Health plans must accommodate reasonable requests if the individual indicates that the disclosure of all or part of the protected health information could endanger the individual.

\*Individuals have the right to review and obtain a copy of their protected health information in G4 Athlete's designated record set.

\*Individuals have the right to amend their protected health information in a designated record when that information is inaccurate or incomplete. If G4 Athlete accepts an amendment request, it must make reasonable efforts to provide the amendment to persons that the individual has identified as needing it, and to persons that we know might rely on the information to the individual's detriment. If the request is denied, G4 Athlete must provide the individual with a written denial and allow the individual to submit a statement of disagreement for inclusion in the record.

\*Individuals have a right to an accounting of the disclosures of their protected health information by G4 Athlete. The maximum disclosure accounting period is the six years immediately preceding the accounting request.

\*Individual's have the right to request a copy of our current Notice of Privacy Practices at any time.

If you feel that your rights to privacy have been violated, you may file a complaint with this office or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. I have read and understand the above Notice of Privacy Practices and understand that any information regarding my health care may be used for the purposes listed above. I also understand my rights as outlined above.

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Signature

Date