

Notice of Privacy Practices

Athletes' Training Center is committed to maintaining the privacy of your protected health information known as (PHI), which is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or conditions and the care and treatment you receive from our practice. In addition, the Notice describes your rights to access and control your PHI. This Notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please read the Notice carefully and if you should have questions or concerns about Privacy Notice please do not hesitate to contact our Privacy Officer, Danielle Kleber at 13809 Industrial Rd., Omaha, NE 68137 (402) 932-7111.

This office is required by law to abide by the terms of this Notice of Privacy Practices as well as abiding by any other applicable state laws that may govern privacy practices. Our office may change and/or modify the terms of this Notice at any time and the new Notice will be effective for all PHI that we obtain at that time. Our office will provide you with a copy of our Notice of Privacy Practices and make a good faith effort to obtain your written acknowledgements to our Notice, no later than the date of your first service delivery. We will also keep you notified of any changes to our Notice of Privacy Practices and if requested by you, our office will provide you with an updated copy of the same.

Uses and Disclosures of PHI

Our office may use and disclose of your PHI for health care delivery purposes, which is known as treatment, payment, and health care operations (TPO). Your PHI may be used and disclosed by your doctor, our office, and others outside of your office that are involved in your care and treatment for purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of your doctor's practice. It should be noted that even though our list of uses and disclosures of your PHI is fairly comprehensive, it is difficult to take into account each and every single possibility of how your PHI may be used or disclosed. We can assure you that your doctor and his office staff will do everything possible to maintain the confidentiality of your PHI. Listed below are some of your more common types of uses and disclosures of you PHI that our office is allowed to make without your consent and/or authorizations. Any other uses and/or disclosures other than those listed below will only be made with your written authorization.

Treatment

Your PHI may be used and disclosed for coordination or management of your health care and related services among health care providers or by health care provider with a third party, consultation between providers regarding you or the referral of you from one healthcare provider to another.

Payment

Your PHI may be used and disclosed for payment which encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums to fulfill their coverage responsibilities and provide benefits under the plan and to obtain reimbursement for the provision of health care.

Health Care Operations

Your PHI may be used and disclosed for healthcare operations for certain administrative, financial, legal, and quality improvement activities that are necessary to run its business and to support the core function of treatment and payment.

Emergency Situations

Our office and/or your doctors office may use or disclose your PHI in an emergency treatment situation. If an emergency situation happens to arise we are not required to obtain a written acknowledgement from you of our Notice of Privacy Practices until after the emergency situation has ended.

Minimum Necessary Standard

Our office and/or staff will make reasonable efforts to limit the use and disclosure of and requests for you PHI to the minimum necessary to accomplish the intended purpose.

Employee Limitations

Your doctor will also limit the use and disclosure of your PHI to members of his and her workforce to those who may need access to your PHI for treatment, payment, and health care operations.

Public Health Purposes and Activities

Your PHI may be disclosed to public health authorities who are legally authorized to receive each reports for the purpose of preventing or controlling disease, injury or disability which would include reporting of disease or injury, reporting vital events like births, death and conducting public health activities like child abuse or neglect, quality, safety, or effectiveness of a product or activity regulated by the FDA and persons at risk of contracting or spreading disease as well as workplace medical surveillance. Again, this information will be limited to minimum amount necessary to accomplish the public health purpose.

Business Associates

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing accreditations, outcomes data collection, legal services, etc. At times it may be necessary for us to provide you personal health information to one or more of those persons or organizations who assist us with our health care operations.

Patients Rights to Access and Control their PHI

The Privacy Rule allows you certain rights with regards to your records, which are as follows. You have the right to review and receive copies of your records as it is related to your own case. Your request would have to be put in writing and the law requires that your therapist respond within 30 days of your request. In addition, your therapist is allowed to deny you access to your records, but only if it is going to cause you harm or someone else harm. If your therapist denies you access to your records the denial has to be referred to health care review professional, which would be Danielle Kleber, Privacy Officer. Your therapist is allowed to charge a copy fee, which should not exceed State Law allowance.

You have the right to request that the use and disclosure of your PHI be restricted. This means you have the right to restrict how your doctor will use or disclose your PHI about treatment, payment, and health care operations. Your doctor is not required to agree to your requests for restriction, but would be bound by any restrictions to which you and your doctor agree on. You have the right to request to receive confidential communications from your doctor by alternative means.

You have the right to request amendments (changes) to your records. If changes arm to your record it does not mean that your doctor will destroy his or her records or your doctor will rewrite their records, it means that your doctor will add an addendum to your current records to reflect your changes. Your doctor has the right to deny or reject your request to change your records, but you have the right to submit a statement in the medical record that you disagree. Your doctor also has the right to add to the record a rebuttal statement.

You have the right to revoke an authorization. The revocation can be done at any time provided it is in writing. These are an exception to revocation that is if your therapist has taken any action to reliance on the use or disclosure indicated in the therapist's Authorization Notice.

Patients Right to File a Complaint

If you believe that any of your Privacy Rights have been violated by us you can file a written complaint with our Privacy Officer (please see our privacy officer to obtain a complaint form). Your complaint must be filed within 180 days of when you know you should have known that the act had occurred. In addition, you can also file a written complaint either on paper or electronically with the Office of Civil Rights (OCR). Please note that Privacy Law prohibits our office from taking any retaliatory actions against you.