

**SEE THE TRAINER, INC.**  
Sports Medicine Stores  
Notice of Health Information Practices  
Notice of Privacy Policies

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Introduction**

At **See The Trainer** we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 1, 2003, and applies to all protected health information as defined by federal regulations.

**Understanding Your Health Record/Information**

Each time you obtain a product from **See The Trainer**, a record of your visit is made. Typically, this record contains the selection of product. This information, often referred to as your purchase/dispense record, serves as:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research, a source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our facility's planning and marketing
- A tool which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**Your Health Information Rights**

Although your health record is the physical property of **See The Trainer**, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and obtain a copy of your health record as provided for in 45CFR164.524 (there will be a fee for this, dependent on the staff time involved and costs incurred),
- Submit an amendment to your health record as provided in 45CFR164.528,
- Obtain an accounting of disclosures of your health information as provided in 45CFR164.528,
- Request confidential communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45CFR164.522 (we are not required to agree to a requested restriction), and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our Responsibilities**

**See The Trainer** is required, to:

- Maintain the privacy of your health information, by law,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our policies and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with any revised Notice of Privacy Practices at your next appointment, upon your request.

We will not use or disclose your health information without your authorization, except as described in this notice.

We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

**For More Information, or to Report a Problem**

If you have questions and would like additional information, you may contact your nearest **See The Trainer** facility- located on the **Locations** tab of this web site.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is:

Office for Civil Rights  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

### **Examples of Disclosures for Treatment, Payment, and Healthcare Operations**

*We will use your health information for treatment.*

For example: Information obtained by the **See The Trainer** team will be recorded in your record and used to determine the product that should work best for you. Your associate will document in your record his/her product selection.

Your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. We may disclose your protected health information to another physician or health care provider (e.g., a specialist or testing facility) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

*We will use your health information for payment.*

For example: A statement may be sent to you or a third-party payer. The information on or accompanying the statement may include information that identifies you, as well as your diagnosis, procedures, and supplies used. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend/provide for you.

*We will use your health information for regular health operations.*

For example: Members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

**Business Associates:** There are some services provided at **See The Trainer** through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and billing services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and invoice you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with family:** Team professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations. The first accounting in a 12-month period is free, thereafter, there will be a charge for costs incurred.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believe in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**See The Trainer, Inc.**  
Sports Medicine Stores  
Notice of Health Information Practices  
Notice of Privacy Policies

Acknowledgement of Understanding Statement

I, \_\_\_\_\_, have received and  
(please print)

read the See The Trainer- Midwest, Inc. Notice of Privacy Policies.

I understand:

Each time I visit **See The Trainer**, a record of my visit is made. Typically, this record contains my selected product. This information, often referred to as my health or medical record, serves as:

- Basis for planning my care and treatment,
- Means of communication among the many health professionals who contribute to my care,
- Legal document describing the care I received,
- Means by which I or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research, a source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for **See The Trainer's** planning and marketing
- A tool which **See The Trainer** can assess and continually work to improve the care rendered and the outcomes achieved.

\_\_\_\_\_  
**Patient/Responsible Party Signature**

\_\_\_\_\_  
**Date**

*(facility fax #'s and e-mail addresses are located on the **Locations** tab of this web site)*