

Elite Motion Athlete, LLC
(603)325-7151

NOTICE OF PRIVACY PRACTICES

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

I. ELITE MOTION ATHLETE PLEDGE REGARDING HEALTH INFORMATION:

Elite Motion Athlete understands that health information about you and your health care is private. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Elite Motion Athlete. This notice will tell you about the ways in which we may use and disclose protected health information about you. It also describes your rights to the protected health information we keep about you, and describes certain obligations we have regarding the use and disclosure of your protected health information.

Elite Motion Athlete is required by law to maintain the privacy of your protected health information ("PHI") and to provide you with this "Notice of Privacy Practices". We also are required to abide by the privacy policies and practices that are outlined in this notice. In the event of a breach of unsecured protected health information, it is our duty to notify you if your information has been compromised. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by federal and state laws and regulations. The revised policies and practices will apply to all PHI we maintain. Upon request, we will provide you with the most recent revised notice of privacy practices.

II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a health care provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the health care provider in diagnosis and treatment of your condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Disclosure of your PHI or its use for any purpose other than those listed about requires your specific authorization. If you change your mind after authorizing use or disclosure of your PHI, you may submit a written revocation of the authorization. However, your revocation of the authorization will not affect or undo any use or disclosure of PHI that occurred prior to your revocation.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers’ compensation purposes. Although our preference is to obtain an authorization from you, we may provide your PHI in order to comply with workers’ compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment. We may

also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

You have certain rights under federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your PHI
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your PHI
- The right to amend or submit corrections to your PHI
- The right to receive an accounting of how and to whom your PHI has been disclosed
- The right to restrict certain types of uses and disclosures of your PHI
- The right to receive a printed copy of this notice

Questions or Complaints

If you would like to submit a question, comment or complaint about our privacy practices, or if you believe your privacy rights have been violated, you can contact Elite Motion Athlete at ema@elitemotionathlete.com

EFFECTIVE DATE: March 18, 2021