

NOTICE OF PRIVACY PRACTICES

Effective 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 READ THIS NOTICE CAREFULLY.

At Rebound Orthopaedics & Sports Medicine, PSC, we believe that your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality.

This Notice describes the privacy practices of Rebound Orthopaedics & Sports Medicine, PSC. This Notice applies to all of the health records that identify you and the care you receive at Rebound Orthopaedics & Sports Medicine, PSC facilities. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. We are legally required to give you this Notice and to follow the terms of the Notice that are currently in effect.

AFFILIATED FACILITIES

All of our employed physicians, employees and office follow the terms of this Notice. The doctors and other caregivers at Rebound Orthopaedics & Sports Medicine, PSC *who are not employed by* Rebound Orthopaedics & Sports Medicine, PSC exchange information about you as a patient with Rebound Orthopaedics & Sports Medicine, PSC employees. These healthcare practitioners may also give you other privacy notices that describe their office practices. All of these hospitals, doctors, entities, foundations, facilities, and services may share your health information with each other for reasons of treatment, payment and healthcare operations as discussed below.

HOW REBOUND ORTHOPAEDICS & SPORTS MEDICINE, PSC MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of Rebound Orthopaedics & Sports Medicine, PSC, we will use your health information within Rebound Orthopaedics & Sports Medicine, PSC and disclose your health information outside Rebound Orthopaedics & Sports Medicine, PSC for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information:

Treatment. We use your health information to provide you with healthcare services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students or other persons at Rebound Orthopaedics & Sports Medicine, PSC who need that information to take care of you. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside Rebound Orthopaedics & Sports Medicine, PSC who may be involved in your healthcare, such as treating doctors, home care providers, pharmacies, drug or medical device experts and family members.

Payment. We may use and disclose your health information so that the healthcare you receive may be billed and paid for by you, your insurance company or another third party. For example, we may give information about surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

Healthcare Operations. We may use your health information and disclose it outside of Rebound Orthopaedics & Sports Medicine, PSC for our healthcare operations. These uses and disclosures help us operate Rebound Orthopaedics & Sports Medicine, PSC to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students and other persons at Rebound Orthopaedics & Sports Medicine, PSC for learning and quality improvement purposes. We may remove information that identifies you so people outside Rebound Orthopaedics & Sports Medicine, PSC may study your health data without knowing who you are.

Contacting You. We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide us, and we may respond to your email address.

Health-Related Services. We may use and disclose health information about you to send you mailings about health-related products and services available at Rebound Orthopaedics & Sports Medicine, PSC.

Organ and Tissue Donation. We may release health information about organ, tissue and eye donors and transplant recipients to organizations that manage organ, tissue and eye donation and transplantation.

Legal Matters. We will disclose health information about you outside Rebound Orthopaedics & Sports Medicine, PSC when required to do so by federal, state or local law or by the court process. We may disclose health information about you for public health reasons such as reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside Rebound Orthopaedics & Sports Medicine, PSC for treatment, payment, health care operations and when permitted or required by law. We will not use or disclose your health information for *other*

reasons without your written authorization. For example, you may want us to release medical information to your employer or to your child's school. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Rebound Orthopaedics & Sports Medicine, PSC has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed and dated. It must identify the time period of the disclosures and the Rebound Orthopaedics & Sports Medicine, PSC facility that maintains the records about which you want the accounting. We will not list disclosures made before April 14, 2003, or those made earlier than 6 years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the medical records department of Rebound Orthopaedics & Sports Medicine, PSC. We will respond to you within 60 days. We will give you the first listing within any 12-month period free, but we will charge you for all other accountings requested within the same 12 months.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed and dated. It must specify the records you wish to amend and give the reason for your request. You must address your request to the Privacy Official of Rebound Orthopaedics & Sports Medicine, PSC, 101 Medical Heights Drive, Suite F, Frankfort, KY 40601 ATTN: Julie. Rebound Orthopaedics & Sports Medicine, PSC will respond to you within 60 days. We may deny your request, and if so, we will tell you why and explain your options.

Right to Inspect and Obtain Copy. You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the Medical Records Department of Rebound Orthopaedics & Sports Medicine, PSC. (Requests for billing records should be sent to the billing department.) We may charge a fee for processing your request. If Rebound Orthopaedics & Sports Medicine, PSC denies your request to inspect or obtain a copy of the records, you may appeal the denial within.

Right to Request Restrictions. You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment or healthcare operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or

the payment for your care, like a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated, and you must identify the hospital or facility that maintains the information. The request should also describe the information you want restricted, indicate whether you want to limit the *use* or the *disclosure* of the information *or both*, and tell us who should not receive the restricted information. You must submit your request in writing to the Medical Records Department, Rebound Orthopaedics & Sports Medicine, PSC. We will inform you if we intend to honor your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed and dated, and must specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the Medical Records Department, Rebound Orthopaedics & Sports Medicine, PSC. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to a paper copy of this Notice. You may obtain a paper copy of this Notice from Rebound Orthopaedics & Sports Medicine, PSC by calling (502) 875-1766.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Rebound Orthopaedics & Sports Medicine, PSC or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Rebound Orthopaedics & Sports Medicine, PSC, you must submit your complaint in writing to the Privacy Office, Rebound Orthopaedics & Sports Medicine, 101 Medical Heights Drive, Suite F, Frankfort, KY 40601. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

Rebound Orthopaedics & Sports Medicine, PSC may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at our facility. The effective date of the Notice is on the first page in the top right corner.

If you have questions about this Notice, you may call (502) 875-1766 and ask for the privacy official.