



NOTICE of PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

LEGAL DUTIES: Xcel Sports Medicine LLC, hereinafter referred to as Xcel, is required by law to protect the privacy of your personal health information, to provide this notice about our information practices, and to follow the information practices that are described.

DISCLOSURES OF HEALTH INFORMATION: Xcel uses your personal health information for treatment, obtaining payment for treatment, conducting internal administrative activities and evaluating the quality of care that we provide. As an example, Xcel may use your personal health information to contact you to remind you of an appointment, offer information about alternate treatments or provide other health related benefits that could be of interest to you.

Xcel may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We may be asked to provide information for research studies with all identifying information removed. We may also provide information when required to do so by law.

In any other situation, it is our policy to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization and stop future disclosures at any time.

Xcel reserves the right to change its policy at any time. Whenever such policy changes are made, a new Notice of Information Practices will be posted in a common area of our facility. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS: You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of any instances where Xcel has disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, required by law, or in emergency circumstances. We will make very effort to comply with the request. Please note that Xcel is not legally required to accept such special requests.

PATIENT CONSENT: I have read and fully understand the Xcel Sports Medicine LLC, Notice of Information Practices. I understand that Xcel Sports Medicine LLC, hereinafter referred to as Xcel, may use or disclose my personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment. I understand further that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify Xcel in writing. I also understand that Xcel will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for the purpose as noted in the Xcel Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying Xcel in writing at any time.

Name (please print)	Signature	Date Signed
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Parent/Guardian if under 18	Signature	Date Signed
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XCEL FILE COPY
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/Forms/HIPAA0715