

PINNACLE SPORTS, LLC
HIPAA NOTICE OF PRIVACY POLICY

Pinnacle Sports, LLC (“Pinnacle”, “we”, “our” or “us”) understands that health information about you and/or your child is personal and we are committed to protecting the health information about you and/or your child. We collect personal health information from you in the registration documentation completed by you in connection with you and/or your child’s participation in any activities or leagues at our complex, your access to our website, your use of our facilities. Personal health information includes data such as name, address, social security number, and other information that could be used to identify you or your child as the person associated with the health information.

We create a record of all personal health information of you and/or your child in our possession and communicate such information with our employees, agents and representatives, including the administrators, coaches or supervisors of leagues and activities operating at or from our facilities. This Notice applies to all of the records of your and/or your child’s personal health information in our files, whether made by you, a doctor or others working with us. This Notice will tell you about the ways in which we may use and disclose health information about you and/or your child. We also describe your rights to the health information we keep about you and/or your child and describe certain obligations we have regarding the use and disclosure of your and/or your child’s health information.

We are required by law to:

- Make sure that health information that identifies you and/or your child is kept private, except as provided herein or our privacy notice;
- Give you this notice of our legal duties and privacy practices with respect to health information about you and/or your child; and
- Follow the terms of the notice that is currently in effect.

How we may use and disclose health information about you and/or your child:

We will not use or disclose your and/or your child’s personal health information without your permission. As a condition to your and/or your child’s participation in leagues or activities at our complex or use of our facilities, you are required to provide us permission to disclose your and/or your child’s personal health information internally to our employees, agents and representatives and to administrators, coaches and supervisors of any leagues or activities operated at or from our facilities. We must use or disclose your and/or your child’s personal health information in accordance with the specific terms of such permission, which you may revoke at any time, except to the extent that we have taken action in reliance on such authorization. In accordance with such authorization, we are permitted to disclose your and/or your child’s personal health information within and among our workforce and those associated with our leagues and activities in order to accomplish these same purposes.

Without your consent, we may use or disclose your and/or your child’s personal health information as follows: (1) for treatment, (2) for health care operations, (3) as required by law, (4) to avert a serious threat to health and safety, (5) as required by the military or veterans and workers compensation, (6) public health risks, (7) health oversight activities, (8) lawsuits and disputes, (9) law enforcement, (10) coroners, health examiners and funeral directors, (10) national security and intelligence activities, (11) protective services for the President and others, and (12) security Officials for inmates.

Your rights regarding your health information:

You have the right to request restrictions on certain uses and disclosures of you and/or your child’s personal health information. You may request restrictions on the following uses or disclosures: (a) to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives or close personal friends of personal health information directly relevant to your and/or your child’s care or payment related to such health care or you and/or your child’s location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on you and/or your child’s behalf; or (e) disclosure to a public or private entity authorized to assist in disaster relief efforts. We are not required to agree to any requested restriction. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

You have the right to receive confidential communications of you and/or your child's personal health information, provided that we may require written requests. We may condition confidential communications on you providing us with certain necessary information. We may not require you to provide an explanation of the basis for your request and will accommodate reasonable requests by you.

You and/or your child's designated record set contains the personal health information that we maintain on you. You have the right to access you and/or your child's records and obtain a copy of you and/or your child's personal health information contained in such records. We may require written requests. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of you and/or your child's personal health information or mailing a copy to you at your request. We may charge a reasonable cost-based fee for copying and postage. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law.

You have the right to request that we amend you and/or your child's personal health information or record, as long as the designated record set is maintained by us. We have the right to deny your request for amendment as permitted under the law. We may require that you submit written requests and provide a reason to support the requested amendment. Copies of all requests, denials and statements of disagreement will be included in you and/or your child's designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons that we know have the personal health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information. All requests for amendment shall be sent to our privacy officer at our address.

You have the right to receive a written accounting of all disclosures of you and/or your child's personal health information that we have made up to a period of six (6) years immediately preceding the date of such request. All requests for an accounting shall be in writing sent to our privacy officer at our address.

Access and Changes to this Notice:

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request that is sent to our privacy officer at our address. For any other requests or for further information regarding this Notice, please contact our privacy officer in writing at our address.

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if received prior to the effective date of the amendment. All amendments will be posted on our web site.

Complaints:

You may file a complaint with us and/or the Secretary of DHHS if you believe that your or your child's privacy rights have been violated. You may submit your complaint in writing by mail to our privacy officer at our address. A complaint must name the complained of entity and describe the acts or omissions believed to be in violation. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing a complaint.

Acknowledgement of Receipt of this Notice:

We will request that you sign a separate form acknowledging you have received a copy of this Notice. This acknowledgement will become part of you and/or your child's records.