

NOTICE OF PRIVACY PRACTICES

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

This physical therapy practice is required and permitted to make uses and disclosures of an individual's personal health information for purposes of treatment, payment and health operations. It is necessary to share specific and appropriate levels of confidential information about an individual, for example: when submitting claims to insurance companies, retaining records in our office concerning the individual's treatment, or the sharing of information between staff members to process paperwork related to office operations. Other purposes listed below are permitted or required to use or disclose confidential information without the individual's written authorization:

- a) Uses and disclosures for public health activities
- b) Reporting about victims of abuse, neglect or domestic violence
- c) Disclosures for health oversight activities
- d) Disclosures for judicial and administrative proceedings
- e) Disclosures for law enforcement purposes
- f) Uses and disclosures about decedents
- g) Uses and disclosures for cadaveric organ, eye or tissue donation purposes
- h) Disclosures to avert a serious threat to health or safety
- i) Uses and disclosures for specialized government functions.

This office may leave email or voice messages for the individual regarding appointments or treatment.

This office may leave messages regarding appointments with a person answering the phone number provided by the individual, unless such permission is revoked by the individual.

Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization as desired.

The Federal Government has granted patients several new rights under the privacy regulation. They are as follows:

- a) The right to request restriction on certain uses and disclosures, for example: an individual may request that this office not leave messages with other family members or on a home voice-mail system regarding certain treatment. Please note that the practice is not required to agree to all requested restrictions.
- b) The right to receive confidential communications, for example: on a home voice-mail system.
- c) The right to inspect and copy protected health information, for example: clinical records, billing records or other records used to make decisions regarding your care and treatment.
- d) The right to amend protected health information, for example: an individual may request information to be amended in their records if he/she feels that it is incorrect.
- e) The right to receive an accounting of disclosures of protected health information, for example: disclosures permitted or required by the office to be made in the ordering of a needed medical test.
- f) The right of an individual receiving notice electronically to obtain a paper copy of that notice.

This practice is required by law to maintain the privacy of confidential information and to provide individuals with notice of its legal duties and privacy practices with respect to such information; this practice is also required to abide by the terms of this notice; and, we reserve the right to change the terms of this notice and make new notice provisions effective for all confidential information we maintain.

Individuals may complain to the practice and to the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated, without retaliation from this practice.