

HIPAA COMPLIANCE

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

To Provide Treatment: We will use your health information within our office to provide you with the best physical therapy possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between clinical staff and administrative staff. In addition, we may share your health information with physicians, referring therapists, diagnostic laboratories pharmacies or other health care personnel providing you treatment.

To Obtain Payment: We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations: Your health information may be used during performance evaluations of our staff. Health information may be included in training programs for students, interns, associates and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine process of certification, licensing, or credentialing activities.

In Patient Reminders: Because we believe regular care is very important to your progression with your rehabilitation process, we may at times need to remind you of a scheduled appointment or if it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best physical therapy care we can provide.

Abuse or Neglect: We will notify government authorities if we believe a patient is a victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

Public Health and National Security: We may be required to disclose to federal officials or military authority health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding or new side effects of a drug or medical device.

For Law Enforcement: As permitted or required by state or federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including under certain limited circumstances, if you are a victim of a crime or to report a crime. HIPAA Compliance 2010.Docx

Family, Friends and Caregivers: We may share your health information with those that you tell us will be helping you with your home hygiene, treatment, medication s or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your health information only when it is important to those participating in providing your care.

Authorization to User of Disclosed Health Information: Other than as stated above or where federal, state or local law requires us, we will not disclose your health information other than with written authorization. You may revoke that authorization in writing at any time.

PATIENT RIGHTS

This new law is careful to describe that you have the following rights related to your health information.

Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communications: You have the right to request that we communicate with you in a certain way. You may request that we communicate your health information privately with no other family members present or through mailed communications that are sealed. WE will make every effort to honor your reasonable requests for confidential communication.

Inspect and Copy your Health Information: You have the right to read, review and copy your health information, including your complete chart, s-rays, and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend Your Health Information: You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information in order to standardize our process. Please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information are determined to be accurate and complete.

Documentation of Health Information: You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment, or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003, and forward. Please let us know in writing the period for which you are interested. Thank you for limiting your requests to not more than six years at a time. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of our Notice of Privacy Practices: Stop by or give us a call and we will mail a copy to you. We are required by law to maintain the privacy of your health information and to provide you and your representative with this notice of our privacy practices. We are required to inform you if we change our privacy practice.

Complaints: You have the right to make complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.