



physical therapy • performance fitness • functional health

HIPAA Notice of Privacy Practices

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

Our office must provide you, the patient, a description and at least one example of the types of uses and disclosures of your protected health information (PHI), that we are permitted or required by law to make, in order to carry out treatment, payment and health care operations. Your "PHI" is information about you including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. It also describes your right to access and control your (PHI) protected health information.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, we will use and disclose your health information for consultation between our offices and your physician or a specialist, if required for your care

Payment: Our office will use the minimum necessary amount of your PHI to obtain payment for services rendered. For instance, obtaining approval for more treatments may require our office to share your treatment plan with your insurer to determine your coverage allowance and/or approval for continued therapy.

Health-Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of the physical therapy practice. These activities may include, but are not limited to, quality assessment activities, employee review activities, and conducting or arranging for other business activities. For example, interning of physical and occupational therapy students that may see patients in our office. We may also call you by name in the waiting room when your physical therapist is ready to see you and we may use or disclose your PHI as necessary to contact you to remind you of your appointment.

This section of our policy describes other purposes for which our office is permitted or required to use or disclose your PHI without your written authorization and no examples of these is required in this notice.

We may use or disclose your protected health information in the following situations without your authorization. These situations are as follows: To the extent that such use is Required by Law: Public Health issues as required by law, Communicable Diseases: Health Oversight agencies for oversight activities authorized by law such as but not limited to, audits: Abuse and Neglect: Food and Drug Administration requirements: Military and National Security: Legal Proceedings: Law Enforcements: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500

Other Permitted and Required Uses and Disclosures Will Be With Your Consent, Authorization or Opportunity to Object unless required by law.

PATIENT'S RIGHTS

You have the right to inspect and obtain a copy of your protected health information. Our office will provide you with access to your PHI to inspect or obtain a copy, or both. Our office requires you to submit such requests in writing to our privacy director. Under federal law however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply.

Your physical therapist is not required to agree to a restriction of your request. If he/she believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

You have the right to request our office to amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively. i.e. electronically.

COMPLAINTS

Patients may file a complaint with our office and with the U.S. Departments of Health and Human Services if they believe their privacy rights have been violated. You may file a complaint with us by notifying our privacy director. **Be assured we will not retaliate against patients for filing a complaint.**

Compliance Officer and Privacy Director: Betsy Donovan

Telephone: (603)-447-2533

Our office is required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. If you have any objections to the form please ask to speak with our HIPPA Compliance Officer in person or by phone.