

Acknowledgement of Receipt of Notice of **Privacy Practices** **HIPAA**

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review it carefully.

I. WHO WE ARE

This notice describes the privacy practices of PhysioPoint Therapy & Wellness, LLC (PPT&W) and our employees, officers, volunteers, and health care students regarding the use and disclosure of your protected health information.

II. OUR PRIVACY OBLIGATION

We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices. When we use or disclose health information, we are required to abide by the terms of this Notice or other Notice in effect at the time of the use or disclosure. In addition, you will be notified of any reportable breaches of privacy and/or security.

III. ELECTRONIC HEALTH RECORDS

PPT&W uses an electronic health record (EHR) to store and retrieve much of your health information. One of the advantages of PPT&W's EHR is the ability to share information with other community health care providers. PPT&W may also receive information about you from other health care providers in the community. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

IV. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:

PPT&W may use and disclose your protected health Information for treatment, payment and health care operations and further described below:

a. Treatment: We may use your medical information to provide treatment or other services. We may disclose your medical information to health care professionals who are involved in your care. For example, a therapist treating you for shoulder pain needs to know if you have diabetes because diabetes may slow the healing process and be associated with adhesive capsulitis (frozen shoulder). We may also disclose medical information to members of your family or others who can help you when you are sick or injured.

b. Payment: We may use and disclose medical information about you for billing purposes. For example, we may tell your health plan about the treatment you are going to receive to determine whether your plan will cover it.

c. Health Care Operations: We may use and disclose your medical information for health care system operations. For example, members of the quality improvement staff may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to support our ongoing efforts to continually improve our quality of care. We may also use medical information about patients to evaluate the need for new services. We may disclose information to doctors, nurses, and students for educational purposes. We may use your information to call you from a waiting area or to resolve any internal concerns. We may use or disclose your information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. In addition, we may use and disclose your information to conduct patient satisfaction surveys.

d. PPT&W may use and disclose information about you to contact you as a reminder that you have an appointment for treatment or medical care or that you may need to schedule an appointment. PPT&W may leave a message for you with

another person who answers your phone or a message may be left on your voicemail or answering machine.

V. USE AND/OR DISCLOSURE WITH YOUR AUTHORIZATION:

We may use or disclose your health information for any reason other than treatment, payment and health care operations only when (1) you authorize us to use or disclose this information by signing an Authorization Form; or (2) there is an exception as described in Section VI below.

VI. USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION:

At PPT&W, we may use or disclose your health information without your consent or your authorization under the following circumstances: (1) when you require emergency treatment; (2) when we are required by law to disclose your health information; and (3) when we attempt to obtain your Consent but are unable to do so because you are unconscious or otherwise incapacitated and we reasonably infer that you would have consented without these barriers to communication.

VI. YOUR INDIVIDUAL RIGHTS

- a. release relevant health information about you to a friend or family member who is involved in your medical care or helps pay for your care.
- b. Disaster Relief Efforts: We may disclose your medical information to an organization (i.e. Red Cross) assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- c. Marketing: Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, healthcare providers or settings of care that may be of interest to you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The

authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke the authorization.

- d. **Required by Law:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.
- e. **Business Associates:** Some of our services are provided through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill your or your third-party payor for the services provided. We require that our business associates protect your health information.
- f. **Public Health Activities:** We may disclose health information for the following public health activities and purposes: (1) to report health information to public health authorities for the purposes of preventing or controlling disease, injury, or disability, as required by law and public health concerns; (2) to report suspected abuse, neglect, or exploitation of children or vulnerable adults to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition; and (5) to report information to your employer as

Required by law.

VI. YOUR INDIVIDUAL RIGHTS

- g. **Further Information/Complaints:** if you want further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision

that we have made about your health information, you may contact PPT&W's Privacy Officer at 219-801-7777. You may also file written complaints with the Secretary of the US Department of Health and Human Services.

- h. Right to Receive Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. If you would like confidential communications, you should discuss your request with PPT&W registration staff. We will consider all requests for confidential communications carefully and will honor reasonable requests.
- i. Right to Inspect and Copy Your Health Information: You have the right to obtain a copy of your medical information. Usually, this includes medical and billing records, but does not include psychotherapy notes. Under very limited circumstances, we may deny you access to your medical record file. If you are denied access to your medical information, you may request that the denial be reviewed. If you request a copy or copies of your record, you will be charged a fee for each copy.
- j. Right to Amend Your Records: If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. While we will review each amendment request carefully, PPT&W may deny your request if we believe that the information that you would like to amend is accurate and complete, or other circumstances apply. If your request for an amendment is denied, you will be notified of the reason for the denial.
- k. Right to Receive a Paper or Electronic Copy of this Notice: You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email.
- l. Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of

disclosures we make of your medical information for purposes other than treatment, payment, or health care operations.

- m. Right to Request Special Privacy Protections: If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons.

VII. DATE AND DURATION OF THIS NOTICE

- n. Effective Date: This Notice describes the privacy policy of PPT&W that became effective on June 1, 2014.
- o. Right to Change Terms of this Notice: We may change the terms of this Notice at any time.

If we change this Notice, we may make the new terms effective for any information created or received prior to issuing the new notice. We will post the new Notice in common areas at all PPT&W facilities and on our website at www.physiopointtherapy.com. You may also obtain a new notice by contacting PPT&W's Privacy Official at 219-801-7777