

NOTICE OF PRIVACY PRACTICES

****DISCLAIMER****

This document is provided solely for informational purposes and to assist the typical physician practice which must undertake reasonable measures to comply with HIPAA Rules. While the document has been drafted to provide accurate and authoritative assistance, it is not intended as, and does not constitute legal or other professional advice, which can be rendered only on an individual practice and fact-sensitive basis. The information in it is not guaranteed to be correct, complete or up-to-date. Each practice must review this document for individualized adaptation to your practice or to a particular transaction. Readers should not act or elect not to act based upon the provided information without seeking professional legal advice from healthcare counsel.



Effective Date:
____/____/____

[NAME OF PRACTICE]
ADDRESS OF PRACTICE

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.

[PRACTICE NAME] “Practice” understands the importance of keeping protected health information (“PHI”) private. We are providing this notice to you to advise you about [PRACTICE NAME] privacy practices.

What is Protected Health Information?

“Protected health information” is individually identifiable health information and includes demographic information (for example, age, address, etc.), and relates to your past, present or future physical or mental health or condition and related health care services.

How [PRACTICE NAME] May Use and Disclosure Your Health Information:

[PRACTICE NAME] collects PHI about you in order to serve its clients and for the primary purpose of providing physical therapy evaluation and treatment. [PRACTICE NAME] also collects PHI for other treatment, payment and operational purposes. Treatment means the provision, coordination, or management of health care and related services including physical therapy services, including consultations and referrals among health care providers. Therefore, [PRACTICE NAME] may provide PHI to your doctor(s), or to a facility where you are receiving medical care. Payment generally means obtaining reimbursement for the provision of health care services. Payment also includes, but is not limited to, determinations of eligibility for insurance coverage; risk adjustment; billing; claims management; collection activities; and utilization review activities. For example, [PRACTICE NAME] may disclose PHI to your health plan in order to determine whether medical services are covered. Operational purposes mean activities that are necessary for [PRACTICE NAME]’s operations. These activities include, but are not limited to, quality assessment; credentialing; underwriting; legal services; and business planning and development, as well as general administrative activities. For example, [PRACTICE NAME] may use and disclose your PHI to measure the quality of the services you receive. Information received by [PRACTICE NAME] or our business associates from certain mental health practices or from federally funded drug or alcohol treatment programs may be subject to limits on redisclosure set forth in applicable state or federal law or regulations. We may use or disclose your PHI as

necessary to contact you in order to raise funds for our Practice. Any such communication will tell you how you may opt out of receiving future fundraising communications from us.

[PRACTICE NAME] may use or disclose PHI about you without your authorization or permission for several other reasons. These reasons include:

- By law, we must disclose your PHI to you unless it has been determined by a health care professional that it would be harmful to you. Even in such cases, we may disclose a summary of your PHI to certain of your authorized representatives specified by you or by law. We must also disclose PHI to the Secretary of the U.S. Department of Health and Human Services (HHS) for investigations or determinations of our compliance with laws on the protection of your health information.
- **To a parent or guardian.** State laws concerning minors permit or require certain disclosure of PHI to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or, if you are treated by us in another state, the laws of that state) and will make disclosures following such laws
- **As required by law.** A federal, state or local law may require [PRACTICE NAME] to use or disclose your PHI for certain purposes.
- **For public health activities.** [PRACTICE NAME] may disclose your PHI to a public health authority or for public health activities, such as notifying a person about exposure to a communicable disease, or participating in a public health investigation.
- **To report abuse, neglect or domestic violence.** [PRACTICE NAME] may disclose your PHI when we reasonably believe you are a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency.
- **For health oversight activities.** [PRACTICE NAME] may disclose your PHI to a government agency that oversees the health care system.
- **For judicial and administrative proceedings.** [PRACTICE NAME] may disclose your PHI pursuant to a court order, subpoena, discovery request or other legal process.
- **To law enforcement.** [PRACTICE NAME] may disclose your PHI to law enforcement under limited circumstances, such as to comply with a court order, search warrant, or administrative request.
- **To coroners and medical examiners.** [PRACTICE NAME] may disclose your PHI to a coroner or medical examiner for the purposes of identification, determining a cause of death, or other duties as authorized by law.
- **For organ, eye or tissue donation.** [PRACTICE NAME] may disclose your PHI to an organ procurement organization or other entities engaged in procurement in order to facilitate procurement.

- **For research purposes.** [PRACTICE NAME] may disclose your PHI to a researcher provided the researcher has met certain conditions.
- **To avert a serious threat to health or safety.** [PRACTICE NAME] may use or disclose your PHI if, in good faith, we believe that such information is necessary to avert a serious and imminent threat to the health or safety of a person or the public or to identify or apprehend a suspect.
- **For specialized government functions.** Your PHI may be disclosed for military, national security, intelligence, or correctional or custodial activities.
- **For worker's compensation.** [PRACTICE NAME] may disclose PHI regarding work-related injuries in compliance with worker's compensation laws.
- **To Food and Drug Administration.** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events; track products, enable product recalls; make repairs or replacements; or conduct post marketing review.
- **For Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission, including determination of fitness for duty; or to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information, under specified conditions, to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

In any other situation, we will ask for your written authorization before using or disclosing any PHI about you. For example, if you are applying for a life insurance policy, [PRACTICE NAME] must obtain your written authorization prior to disclosing your PHI to the insurance company. [PRACTICE NAME] has prepared authorization forms for your use, and will make them available to you upon request. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. Following are examples in which your agreement or objection is required. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. If you should become deceased, we may disclose your PHI to a family member or other individual who was previously involved in your care, or in payment for your care, if the disclosure is relevant to that person's prior involvement, unless doing so is inconsistent with your prior expressed preference. Finally, we may use or disclose your PHI to an authorized public or private entity to

assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

[PRACTICE NAME] may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. To the extent that [PRACTICE NAME] is designated an affiliated covered entity, the covered entities that comprise [PRACTICE NAME] may share your health information with one another as if they were a single covered entity.

We may change our policies at any time and make the new policies effective for all information we maintain. Before we make any significant change in our policies, we will change this Notice. If we change this Notice, copies will be available by contacting the [PRACTICE NAME] Representative listed below. You can request a copy of our notice at any time. For more information about our privacy practices, contact the [PRACTICE NAME] representative listed below.

Your Individual Rights

You may ask us not to use or disclose any part of your PHI for treatment, payment or health care operations. Your request must be made in writing to our Privacy Officer. In your request, you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use or disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date. If we believe that the restriction is not in the best interests of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment. You may ask us not to disclose certain information to your health plan. We must agree with that request only if the disclosure is not for the purpose of carrying out treatment (only for carrying out payment or health care operations) and is not otherwise prohibited by law and pertains solely to a health care item or service for which we have been paid out of pocket in full by you or by another person on your behalf other than your health plan. You may revoke a previously agreed upon restriction, at any time, in writing.

You have the right to look at and/or get a copy of your health information. This request must be in writing. This right does not include inspection and copying of the following records: psychotherapy notes; 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 a law that prohibits access to protected health information. If you request copies, we may charge a per page fee to cover costs. If we deny you access to requested information, you may appeal the denial in certain circumstances. If you believe that information in your record is incorrect or incomplete, you have the right to request that we correct, or add to, the existing information. This request must be in writing and be supported by a reason. We have the right to deny the request. Please forward your written request to access or amend information to the [PRACTICE NAME] representative listed below.

You have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or operational purposes (as well as other limited

exceptions) during the six (6) years prior to the date on which your request for an accounting is made. This request must also be made in writing. [PRACTICE NAME] may not account for disclosures made before the Standards' effective date. We reserve the right to charge for multiple requests for disclosure to cover costs incurred.

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

If we maintain an electronic health record containing your protected health information, you have the right to obtain a copy of that information in an electronic format and you may choose to have us transmit such copy directly to a person or entity you designate, provided that your choice is clear, conspicuous, and specific. You may request that we provide you with an accounting of the disclosures we have made of your protected health information (including disclosures related to treatment, payment and health care operations) contained in an electronic health record for no more than 3 years prior to the date of your request (and depending on when we acquired an electronic health record).

This Notice is provided to you as a requirement of HIPAA. There are several other privacy laws that also apply to HIV related information, family planning information, mental health information, psychotherapy notes, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this Notice. Psychotherapy notes, release of PHI for marketing purposes or sale of protected health information, are all specifically subject to more strict privacy standards and most uses and disclosures require express authorization from you.

You have the right to obtain a paper copy of this notice, even if you received it electronically. Please submit your request in writing to the [PRACTICE NAME] representative listed below.

Do You Have a Question?

If you have any questions or complaints, please contact: [Name] [Address][Phone Number] [Email]

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact [INSERT CONTACT NAME]. You may also send a written complaint to the U.S. Department of Health and Human Services' Office for Civil Rights. The person listed above can provide you with the appropriate address upon request. No retaliation will be taken for filing a complaint in good faith.

Our Legal Duty

Our Practice is required by law to do the following: (1) keep your protected health information private; (2) present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information; (3) follow the terms of the Notice currently

in effect; (4) post and make available to you any revised Notice; and (5) notify affected individuals following a breach of unsecured protected health information.