

## NOTICE OF PRIVACY PRACTICES

Effective 01/01/11

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUAL IDENTIFIABLE HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **A. Our Commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information or PHI) In conducting our business we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practices has created or maintained in the past, and for any records we create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times and you can request a copy of our most current Notice at any time.

### **B. If you have questions about this Notice, please contact:**

**Patricia Sitton, privacy officer for Patricia Sitton Physical Therapy at 321 3<sup>rd</sup> Street, #F Laguna Beach CA 92651 or by phone at (415)-601-1145**

### **C. We may use and disclose your PHI in the following ways:**

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment.** Our practice may use your PHI to treat you. Many of the people who work for our practice including our therapists and our aides may use or disclose your PHI in order to treat you or assist others in your treatment such as a spouse, children, or parents. Finally we may also disclose your PHI to other healthcare providers for purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your insurance carrier to certify that you are eligible for benefits and we may provide the insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We may also use and disclose your PHI to obtain payment from 3<sup>rd</sup> parties who may be responsible for such costs, such as family members. Also, we may disclose your PHI to bill you directly for services and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.
3. **Healthcare Operations.** Our practice may use and disclose your PHI to operate our business. Examples are: evaluation of the quality of care you have received from us or to conduct cost-management and business planning activities for our practice. We may disclose you PHI to other health care providers or entities to assist in their health care operations.
4. **Health-related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
5. **Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do by federal, state, or local law.

### **D. Use and Disclosure of PHI under special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your PHI.

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury, or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled
  
- Notifying the appropriate government authorities regarding the potential abuse or neglect of an adult patient. However we will only disclose this information if the patient agrees or if required by law.
- Notifying your employer under limited circumstances related primarily to workplace injury or medical surveillance.

2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight committee for activities authorized by law.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request subpoena, or other lawful process by another party involved in the dispute but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law enforcement.** We may release PHI if asked to do so by a law enforcement official regarding a crime victim, regarding criminal activity in our office, in response to a warrant or subpoena, to help identify or locate a suspect, material witness, fugitive, or missing person, or to report a crime.
  - a. The use or disclosure involves no more than a minimal risk to your privacy based on the following:
    - i. An adequate plan to protect the identities from improper use and disclosure
    - ii. An adequate plan to destroy the identifiers at the earliest opportunity
    - iii. Adequate written assurances that PHI will not be reused or disclosed to any other person
  - b. The research could not practicably be conducted without the waiver
  - c. The research could not practicably be conducted without access to and use of the PHI
5. **Serious Threats to Health or Safety.** Our office may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or public. Under these circumstances we will only make disclosures to a person or organization able to help prevent the threat.
6. **Military.** Our practice may disclose your PHI if you are a member of the US or foreign military forces (including veterans) and if required by the appropriate authorities.
7. **Workers Compensation.** Our practice may release your PHI for workers compensation and similar programs.

**E. Your Rights Regarding Your PHI: You have the following rights regarding the PHI that we maintain about you:**

1. **Confidential Communications:** You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. You must make a written request specifying the requested method of contact. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You can request restrictions in our use of your PHI for treatment, payment, or health care operations. We are not required to agree with your request, but if we do we are bound to our agreement except for emergencies, as required by law, or to treat you. You must make all requests in writing to the privacy office in a clear and concise manner describing the following:
  - a. The information you wish restricted
  - b. Whether you are requesting to limit our practice's use disclosure or both
  - c. To whom you want the limits to apply
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the privacy officer in order to inspect and / or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and / or copy in certain limited circumstances. You can request a review of the denial. Another health care professional chosen by us will conduct reviews.
4. **Amendments.** You may ask us to amend your health information. You may request an amendment as long as our office retains the records. To request an amendment your request must be made in writing to the privacy office. You MUST provide a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and / or supporting reason in writing or if you ask us to amend information that a) we believe to be accurate and complete b) not part of the PHI kept by the office c) not part of the PHI you are permitted to inspect or copy or d) not created by our practice unless the individual or entity is no longer available to amend the information.
5. **Accounting of disclosures.** All patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures or practice has made of your PHI for purposes not related to treatment, payment, or operations. Use of your PHI as part of the routine patient care is NOT required to be documented. To request a copy of your "Accounting of Disclosure" please submit your request in writing to our privacy officer. All requests must be made within 6 years of the disclosure and cannot include dates prior to April 14, 2003. The first request within a 12-month period is free. Our practice will notify you of the cost for additional requests.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You can request a copy at anytime by contacting the privacy officer from our practice.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. To file a complaint please contact our privacy officer. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us may revoke at anytime in writing. Once revoked we will no longer use or disclose our PHI as described in the authorization.
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Again, if you have any questions regarding this notice or our health information policies, please contact, Patricia Sitton, privacy officer for Patricia Sitton Physical Therapy at 321 3<sup>rd</sup> Street, #F Laguna Beach CA 92651 or by phone at (415)-601-1145811.