

# 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 READ IT CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

## **Uses and Disclosures of Your Health Information**

**Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of evaluations will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to obtain payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health care operations.** Your health information may be used as necessary to support the day-to-day business activities and management of the Company. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to improve quality.

We will share your health information with third party "business associates" that perform various functions or activities for or on behalf of our Company. For example, we may use a third party business associate to assist in billing or collection activities. Whenever an arrangement between our Company and a business associate involves the use or disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information.

**Individuals involved in your care or payment for your care.** Your health information may be used to communicate about you to a friend or family member who is involved in your care or who helps pay for your care. We may also inform your family or friends about your condition and that you have been seen in our facility. In addition, we may disclose health information about you to a friend or family member should an emergent situation arise while you are at our facility.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Incidental Disclosures.** While we will take reasonable and appropriate steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during, or as an unavoidable result of, our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other individuals receiving services in the treatment area may see, or overhear discussion of, your health information.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. For example, we will obtain your written authorization prior to using your health information for marketing purposes. If you change your mind after authorizing a use or disclosure of your information, you may revoke the authorization in writing at any time. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

#### **Additional Uses of Information**

**Appointment reminders.** Your health information will be used by our staff to send you appointment reminders.

**Information about treatments.** Your health information may be used to send you information on the treatment and management of your medical condition or new technology that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

#### **YOUR HEALTH INFORMATION RIGHTS**

You have certain rights under the federal privacy standards. These include:

- ◆ the right to request restrictions on the use and disclosure of your health information. Except in limited circumstances, we are not obligated to agree to any restrictions you may request, however if we agree to restriction, we are bound to comply with it
- ◆ the right to inspect, and / or receive a copy of your health information, you may obtain a copy of your health information in an electronic format, if requested. A reasonable fee may be imposed.
- ◆ the right to restrict the disclosure of your health information regarding services for which you have paid out of pocket in full
- ◆ the right to receive confidential communications concerning your medical condition and treatment
- ◆ the right to amend and/or submit a request for corrections to your health information
- ◆ the right to receive an accounting of how and to whom your health information has been disclosed
- ◆ the right to receive a printed copy of this notice
- ◆ the right to be notified of any breach of your unsecured health information

## **OUR HEALTH INFORMATION DUTIES**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties of privacy practices with respect to your health information. We also are required to abide by the privacy policies and practices that are outlined in this notice and notify you in the event of a breach of your unsecured health information.

## **OUR RIGHT TO REVISE PRIVACY PRACTICES**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. The revised policies and practices will apply to all of your protected health information that we maintain and we will be required by law to abide by these policies and practices. We will post any revised notice in the reception area of our facility and a copy will be available for you upon your request. You may also obtain a copy of the revised notice by accessing our website: [physiocorp.com](http://physiocorp.com). The effective date of the notice will always be noted on the bottom right hand corner of the last page of the notice.

## **REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION**

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Company's Privacy Officer.

## **COMPLAINTS**

If you would like to submit a comment or complaint about our privacy practices, or if you believe your privacy rights have been violated, you can contact the Company by sending a letter outlining your concerns to:

Privacy Officer  
Physiotherapy Associates  
855 Springdale Drive - Ste 200  
Exton, PA 19341

You may also file a written complaint with the Office of Civil Rights. No individual who files a complaint will be subject to retaliation by the Company.

Effective Date: April 1, 2003

Revised Date: April 1, 2013