Notice Regarding Privacy of Personal Health Information

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.

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPPA) require that this practice Provide you with this Notice Regarding Privacy of Personal health Information. The Notice describes (1) how the practice may use and disclose your protected health information, (2) your rights to access and control your protected health information in certain circumstances, and (3) the practice's duties and contact information.

"Protected health information" is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral information that relates to your past, present, or future physical or mental health; the provision of health care to you; and your past, present, or future payment for health care.

I. Uses and Disclosures of Protected Health Information in Treatment, Payment, and Health Care Operations

Your protected health information may be used and disclosed by the practice in the course of providing treatment, obtaining payment for treatment, and conducting health care operations. Any disclosures may be made in writing, electronically, by facsimile, or orally. The practice may also use or disclose your protected health information in other circumstances if you authorize the use or disclosure, of if state or the HIPPA privacy regulations authorize the use or disclosure.

Treatment: The practice may use and disclose your protected health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, the practice may coordinate your health care with a third party. For example, the practice may disclose your protected health information to a vendor to fill a prescription for a supply i.e.: tens unit, exercise ball, splint. In addition, the practice may disclose protected health information to other physicians or health care providers for improved coordination of your care and treatment. The practice does not receive financial remuneration from any 3rd party vendors for promoting a product or service to its patients.

Payment: When needed, the practice will use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include disclosures to your health insurer to get approval for a recommended treatment or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your health care, the practice may also disclose your protected health information to your insurance company to show medical necessity of the care or for utilization review when required to do so by your insurance company. Finally, the practice may also disclose your information to another provider when that provider is involved in your care and requires the information to obtain payment.

Healthcare Operations: The practice may use or disclose your protected information when needed for the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee review and training, licensing, medical reviews, and business management activities. For instance, the practice may use, as needed, protected health information of patients to review their treatment course when making quality assessments regarding care or treatment. In addition, we may use a sigh-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when the therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of appointments.

II. Additional Uses and Disclosures Permitted Without Authorization or Opportunity to Object

In addition to treatment, payment, and Health care operations, the practice may use or disclose your protected health information without your permission or authorization in certain circumstances, including: when it is required by law; in Public Health issues as required by law; in instances of communicable diseases; for health oversight; to report abuse, neglect, or domestic violence; to meet Food and drug Administration requirements; in legal proceedings; for law enforcement purposes; to coroners, funeral directors, and organ donation; for research purposes; in criminal activity; for military activity and national security; for Workers' Compensation; regarding inmates; in 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.)

III. Uses and disclosures Permitted With an Opportunity to Object

Subject to your objection, the practice may disclose your protected health information (1) to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care; or (2) when attempting to locate or notify family members or others involved in your care to inform them of your location, condition, or death. The practice will inform you orally or in writing of such uses and disclosures of you protected

health information as well as provide you with an opportunity to object in advance. Your agreement or objection to the uses and disclosures can be oral or in writing. If you do not object to these disclosures, the practice is able to infer from the circumstances that you do not object, or the practice determines, in its professional judgment, that it is in your best interests for the practice to disclose information that is directly relevant to the person's involvement with your care. In such case, the practice may disclose your protected health information. If you are incapacitated or in an emergency situation, the practice may exercise its professional judgment to determine if the disclosure is in your best interest and if such a determination is made, may only disclose information directly relevant to your care.

IV. Uses and Disclosures Authorized by You

Other than the circumstances described above, the practice will not disclose your health information unless you provide written authorization. You may revoke your authorization in writing at any time except to the extent of action already taken upon the authorization.

V. Your Rights

Following is a statement of your rights with respect to your protected health information.

- **You have the right to inspect and copy your protected health information.** For as long as the practice holds your protected health information, you may inspect and obtain a copy of such information which includes medical and billing records. You must submit a written request to the practice to inspect and copy your health information. The practice may charge you a fee for the costs of copying, mailing, or other costs incurred by complying with your request. Under federal law, however, you may not inspect or copy the following information: information compiled in reasonable anticipation of, or 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 this practice not to use or disclose specific sections of your protected health information for the purposes of treatment, payment, or health care operations. Additionally, you may request that the practice not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. The practice is not required to agree to a restriction if it is felt that it is in our best interest to permit use and disclosure of your protected information. You then have the right to use another health care professional.
- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** The practice will make every effort to comply with reasonable requests.
- **You may have the right to request an amendment of your protected health information.** The practice may deny your request in certain instances. However, should the practice deny your request, you have the right to file a statement of disagreement with the practice and the practice may then prepare a rebuttal to your statement and would provide you with a copy of such rebuttal.
- **You have the right to receive an accounting of certain disclosures the practice has made, if any, of your protected health information for purposes other than treatment, payment, or health care operations as described in this Notice.** The practice is not required to account for disclosures (1) which you requested, (2) which you authorized by signing an authorization form, (3) for a facility directory, (4) to family members or friends involved in your care, and (5) certain other disclosures the practice is permitted to make without your authorization.
- **You have the right to obtain a paper copy of this Notice.** The practice will provide a separate paper copy at your request.

VI. The Practice's Duties

The practice is required to ensure the privacy of your health information and to provide you with this Notice of your rights and the practice's duties and procedures regarding your privacy. The practice reserves the right to change the terms of this Notice and will provide a copy of the revised Notice through regular mail or in-person contact.

VII. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint by writing to this office: Rocklin Physical Therapy, 2217 Sunset Blvd. #711, Rocklin, CA 95765, ATTN: Privacy Officer, or you may call the office at (916) 435-3500, and ask to speak to the Privacy Officer. **You will not be retaliated against for filing a complaint.**

VIII. Effective Date

This Notice was published and becomes effective on/or before April 14, 2003