



## NOTICE OF PRIVACY PRACTICES (HIPAA)

### Please review this information carefully about your privacy rights

#### It Advises You of Your Medical Privacy Rights and How You Can Access Your Records

We are committed to maintaining the privacy of your medical records, (PHI). We are also required by law to provide you with this information. PHI includes information about your health condition and the care and treatment you receive from this Office. PHI is your Personal Health Information or medical chart.

#### How We Use and Disclose Your PHI

As outlined in this **NOTICE** we are allowed to use and disclose your PHI for the purposes of Treatment, Payment, and Health Care Operations, (TPO), and may do so without your express consent or authorization:

**Treatment.** We will use and/or disclose your PHI to others to manage your treatment. This may be necessary to provide you the healthcare you need.

**Payment.** We will use your PHI to obtain payment for the treatment we provided to you. This usually means your insurance company or health plans. It may include all persons or entities responsible for the payment of your bills at this office.

**Health Care Operations.** To comply with legal and insurance requirements we may have to disclose all or parts of your PHI. We may disclose PHI to provide you with quality and timely treatment.

#### Additional Ways Your PHI Can Be Used

**Appointment Book and Sign-In Sheet** – The appointment book helps us organize our patient visits. The sign-in sheet records the patients that arrived for their appointment. It is possible others will see your name on these documents.

**Appointment Reminders** – We may remind our patients of their appointments or missed appointments. The reminder may be by telephone or email. We will use the current email address and telephone number that you have given us.

**Disclosures to Others.** Others may include family members and other members of your household. You may also name others.

#### Additional Uses and Disclosures of PHI Permitted or Required by Law

We may also use and/or disclose your PHI, without your consent or authorization in the following ways:

**PHI that is De-identified.** We can use and disclose your medical information if it does not identify you.

**Use and/or Disclosure to Business Associates.** We may use disclose your PHI to business associates. Business associates are people or companies that work with us. This will only be done if they have provided us with written assurances that they will properly protect your PHI.

**Disclosure to Your Personal Representative.** We may disclose your PHI to a person who is designated by law as your personal representative.

**In Emergency Situations.** We may use and/or disclose your PHI for emergency treatment. We will try to get your consent as soon thereafter as possible.

**Activities Related to Public Health and Welfare.** We may use and/or disclose your PHI when the law requires us to provide information. This may be to public health authorities to prevent and/or control disease.

**Evidence of Domestic Violence, Child or Elder Abuse or Neglect Are Present.** We may use and/or disclose PHI when allowed by or compelled by law. This may be to provide information to prevent serious injury or harm.

**Criminal or Regulatory Activities.** We may disclose PHI when allowed by or compelled by law. This may be for a criminal investigation.

**Legal Proceedings.** We may use and/or disclose PHI in response to a court order or lawfully issued subpoena.

**Disclosures to Law Enforcement Agencies.** We may disclose PHI when allowed by or compelled by law to a law enforcement agency or official. This may include the coroner or medical examiner.

**Threat to Public Health and Safety.** We may use and/or disclose PHI if we have a good faith belief that the disclosure is necessary to prevent or lessen a serious and/or imminent threat to the public health, safety, and welfare. The disclosure will be to an individual or entity that is reasonably able to prevent or substantially lessen the threat.

**Workers' Compensation Claim.** We may use and/or disclose PHI of patients that have a workers' compensation claim. The disclosure will be to your workers' compensation payer. This may apply to other claims under state law.

# PRO-HEALTH PHYSICAL THERAPY

---

## NOTICE OF PRIVACY PRACTICES (HIPAA)

---

### Disclosures Pursuant to Your Authorization

Except for the disclosures set forth above we will only disclose your PHI as outlined in your written and signed authorization.

### Your Privacy Rights

Privacy rules and regulations provide you with the following rights:

**Revoke Authorizations or Consents.** You can revoke any "Authorization" or "Consent" you have given to this office at any time. To revoke an authorization or consent you must put your request in writing. Give it to either the Privacy Officer or the Office Manager.

**To Request Restrictions on Use and Disclosure of PHI.** You may request restrictions to be placed on the use and/or the disclosure of your PHI. The request may be for special limits for disclosures to your family and other individuals. We are not obligated to agree with your requested restrictions, except in certain instances. To request a restriction, you must put it in writing. Give it to either the Privacy Officer or the Office Manager. If we agree with your request, we will be bound by the request. There is an exception so that emergency treatment can be provided. (45 CFR §164.522(a); (45 CFR §164.510(b))

**Receipt of Confidential Communications.** You may request to have your PHI sent to another location. You may request the communication be by a different method. You must tell us the different address and different method of communication. There is a charge for this service. 45 CFR §164.522(b).

**To See and Copy Your PHI.** You may arrange to see your PHI. All requests to see or copy PHI must be in writing. Give the request to the Privacy Officer or Office Manager. If you would like a copy of your PHI, there is a charge for copying and mailing. We may deny your request. In most instances, you have the right to have our denial reviewed. This is outlined in our denial notice. 45 CFR §164.524.

**Amend PHI.** You may request an amendment to your PHI. All such requests must be in writing. Give it to the Privacy Officer or the Office Manager. The request must include the amendment and reason you are requesting the amendment. We may deny your request. One reason we may deny your request is the medical record you want to amend is not ours. Another reason maybe we believe your medical record is accurate and complete. If you disagree with our refusal, you have the right to submit a written statement of disagreement. It will be attached to your medical record. We have the right to include a rebuttal statement. 45 CFR §164.526.

**Use and/or Disclosure Log.** You have the right to an accounting of disclosures of your PHI. All such requests must be in writing and submitted to the Privacy Officer or Office Manager. Your request must state the time period, which cannot include a period of time prior to April 14, 2003 or be for more than six (6) years. The first list you request during any twelve (12) month period will be free, however we will charge for all additional lists. We will notify you of

all costs associated with providing additional lists so that you can decide if you want to cancel or modify your request before any costs are incurred. 45 CFR §164.528

**Copy of Privacy Notice.** If you ask for a paper copy of our Privacy Notice, we must give you a copy. 45 CFR § 164.520(b)(1)(iv)(F)

**Complaints.** You have the right to complain to this office if you believe your privacy rights have been violated. You may also complain to the Secretary of Health of Human Services. To file a complaint, it must be in writing and be submitted to the Privacy Officer or the Office Manager. 45 CFR § 164.520(b)(1)(vi)

The Privacy Officer or Office Manager named below may give you more information. 45 CFR §164.520(b)(2)(vii).

**Privacy Officer: Jacque Harper**

**Address: 2850 Artesia Blvd. Suite 207, Redondo Bch, CA 90278**

**Telephone No.: (310) 371-4774**

### Our Privacy Requirements

We are required by federal law to maintain the following:

To keep the privacy of your PHI. To give you this "Privacy Notice" outlining our legal responsibilities and our privacy practices regarding your PHI.

State Privacy Regulations may require us to grant greater access or maintain greater restriction on the use and/or release of your PHI than federal laws and regulations.

We are required to abide by the terms of this "Privacy Notice."

We reserve the right to amend or change the terms of this our "Privacy Notice" and to make the new "Privacy Notice" provisions effective for all your PHI that this office maintains.

This office will distribute any revised "Privacy Notice" before implementation.

This office will not retaliate against you or anyone because they filed a complaint.

### Privacy Notice Effective Date

The effective date of this "Privacy Notice" is April 15 2003.

### Patient Acknowledgement

I acknowledge that this "Privacy Notice" was made available to me for my review and that I have signed the acknowledgment of receipt to that effect on the consent form filed in my chart. I also understand that I can obtain a copy of the "Privacy Notice" free of charge upon demand.

**Please inform your Doctor or Therapist if you have any privacy concerns with sharing PHI with other healthcare professionals for the purpose of treatment payment, healthcare operations and coordination of your care or if you have privacy concerns with open treatment rooms.**