



## **SUMMARY OF PRIVACY PRACTICES**

### **Our pledge regarding your health information**

We are committed to protecting your health information. This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. It explains the ways in which we may use and disclose health information about you and to whom we may disclose your information. This notice describes your rights and our obligations regarding the use and disclosure of your information. The policies outlined in this notice are followed by all of our employees.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly notify you if a breach occurs that may have compromised the privacy or security of your protected health information.
- We must follow the duties and privacy practices described in this notice.
- We must provide you with a copy of this notice.
- We will not use or share your information other than as described in this notice unless approved by you in writing. If you do approve, you may change your mind at any time. Let us know in writing if you change your mind.

### **Summary of Your Rights**

- Receive a copy of your paper or electronic medical record
- Request your paper or electronic medical record be amended or corrected
- Request confidential communication
- Restrict with whom we can share your protected health information
- Request and receive a list of those with whom we have shared your protected health information
- Receive a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Summary of Your Choices**

Choose if and with whom we may discuss your medical condition

### **Summary of Uses and Disclosures of your protected health information**

We may use and share your information as we:

- Treat you
- Perform office functions
- Bill for your services
- Conduct research
- Comply with the law as it pertains to public health and safety issues, worker's compensation, law enforcement, or respond to lawsuits or other legal actions.



## **NOTICE OF PRIVACY PRACTICES**

### **Our Responsibilities**

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### **Your Rights**

#### **Get an electronic or paper copy of your medical record**

- You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request in order to inspect and/or copy your health information.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

#### **Ask us to correct your medical record**

- You may ask us to amend your health information, which was created by us and is kept in our office, if you feel that information is incorrect or incomplete. You have the right to request an amendment to your record for as long as the information is kept by or for our office.
- You must submit your request in writing to our office. In addition, you must provide a reason that supports your request. We will respond to your request within 60 days.
- We may deny your request for an amendment if it is not in writing, does not include a reason to support the request, or if we believe the information in the record is accurate and complete.

#### **Request confidential communications**

- You may ask us to contact you in a specific way (for example, home or office phone), send mail to a different address, or to not leave private information on a voicemail.
- To request confidential communications, you must submit your request in writing to our office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Ask us to limit what we use or share**

- You have the right to request us not to use or share certain health information for treatment, payment, or performance of office operations. Understand that withholding information from your insurer may result in the insurer failing to pay for a service.
- You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will comply with your request unless a law requires us to share that information.
- We are not required to agree to your request. We may deny your request if it would affect your care, such as in an emergency situation. You must submit your request in writing to our office. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply (i.e., disclosures to your spouse).

### **Get a list of those with whom we've shared information**

- You may request a list (accounting) of the times we have shared your health information for six years prior to the date of your request, including with whom we shared it and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures such as any you asked us to make (like those made to family or responsible caregivers) or disclosures made directly to you.
- To obtain this list, you must submit your request in writing to our office. It must state a time period which may not be longer than six years. We will generally provide you with the list within 60 days.
- We will provide one accounting a year for free.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, and we will provide promptly it.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- If you believe your privacy rights have been violated, you may file a complaint with our office by contacting Gaylin Lucas at Viewpoint Physical Therapy.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).



## **Your Choices**

**For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, medical supplies, or X-rays.
- Share information in a disaster relief situation. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster.
- If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### **Other uses of Health Information**

Other uses and disclosures of health information not covered by this Notice or by the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain records of the care provided.

**We never market or sell your personal information and do not perform fundraising.**



## **Our Uses and Disclosures**

### **We typically use or share your health information in the following ways:**

#### **Treatment**

We may use health information about you to provide you with treatment. We may share health information about you with other healthcare professionals who are involved in your care.

Example: The therapist treating you for an injury asks another provider about your overall health condition.

#### **Perform office functions**

We may use and share your health information in the operation of our practice to ensure that you and our other patients receive quality care, and contact you when necessary for scheduling purposes.

Some services of our office are provided through contractual arrangements with business associates, such as billing services. When services are provided by a business associate, we may disclose your health information to them so that they can perform their job. Our business associates have signed a Business Associate Agreement with our office which requires them to use appropriate safeguards to protect your health information.

#### **Bill for your services**

We can use and share your health information with health plans or other entities to bill and receive payment for treatment provided to you by this practice.

#### **Information Not Personally Identifiable**

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

#### **How else can we use or share your health information?**

We are allowed or required to share your protected health information in other ways without your permission, usually in ways that contribute to the public good, such as public health and research, or when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We may share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety



## **Research**

We may use or share your information for health research which is subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other identifiable information that reveals who you are.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to verify that we are complying with federal privacy law.

## **Work with a medical examiner or funeral director**

In the event of death, we may share health information with a coroner, medical examiner, or funeral director.

## **Address other government requests**

We may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities such as audits, investigations, or inspections as authorized by law
- For special government functions such as military, national security, protective services for the president, foreign head of states, or other authorized persons

## **Respond to lawsuits and legal actions**

We may share health information about you in response to a court or administrative order, or in response to a subpoena.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **Changes to the Terms of this Notice**

We may change the terms of this notice, and the changes will apply to all information we already have about you, as well as any information we receive in the future. The new notice will be available upon request, in our office, and on our web site.

**If you have any questions regarding this notice please contact Gaylin Lucas, Symmetry Physical Therapy & Scoliosis Care at 425-353-8797**

This Notice of Privacy Practices is effective January 1, 2020.