

HEALTH INFORMATION

PRIVACY NOTICE

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information.

Please Review This Document Carefully

About Protected Health Information (PHI)

In this Notice, “we”, “our” or “us” means The Physical Therapy Institute and our workforce of employees, contractors and volunteers. “You” and “your” refer to each of our patients who are entitled to a copy of this Notice.

We are required by federal and state law to protect the privacy of your health information. For example, federal health information privacy regulations require us to protect information about you in the manner that we describe here in this Notice. Certain types of health information may specifically identify you. Because we must protect this health information, we call this Protected Health Information-or “PHI”. In this Notice, we tell you about:

- How we use your PHI
- When we may disclose your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or a complaint

Some of the ways we use (within the organization) or disclose (outside of the organization) your Protected Health Information

We will use your PHI to treat you. We will use your PHI and disclose it to get paid for your care and related services. We use or disclose your PHI for certain activities that we call “health care operations”. We will also use or disclose your PHI as required or permitted by law. We will give you examples of each of these to help explain them, but space does not permit a complete list of all uses or disclosures. This is one reason you can contact us and ask questions.

1. Treatment

We use and disclose your PHI in the course of your treatment. For instance, once we have completed your evaluation or re-evaluation we send a summary of our report to your referring physician. We also maintain records detailing the care and services you receive at our facility so that we can be accurate and consistent in carrying out that our care in an optimal manner; that record also assists us in meeting certain legal requirements. These records may be used/ disclosed by members of our workforce to ensure that proper and optimal care is rendered.

2. Payment Involving a Third-Party Payer

After we treat you, we will typically bill a third party for the services you received. We will collect the treatment information and enter the data into our computer and then process a claim electronically. The claim will detail your health problem, what treatments you received and will contain other information such as your social security number, your insurance policy number and other identifying pieces of information. The third party may request the records to ensure that the treatment was medically necessary. When we use and disclose your information in this manner, we are reimbursed for our services and care.

3. Payment Exclusive of a Third Party (Self-Pay)

If you choose to pay for your services in full, without involving a third party (insurer, employer) you may request that we do not disclose any information regarding your services for payment purposes.

4. Health Care Operations

We also use and disclose your PHI in our health care operations. Our therapists must routinely study clinical records to monitor the quality of care at our facility. Your records and PHI could be used in quality assessments. We also participate in student internships that may also use your information for teaching purposes. Other operational uses may involve business planning and compliance monitoring or the investigation and resolution of a complaint.

5. Special Uses

We also use and disclose your PHI for purposes that involve your relationship to us as a patient. We may use or disclose your PHI to:

- *Update your workers' compensation case worker or employer*
- *Remind you of appointments*

- *Follow up on home programs instructed to you*
- *Advise you of updated services or home supplies*
- *Release equipment and/or supplies to your designee*
- *Follow up on discharge planning*
- *Carry out research that does not directly identify you*
- *Carry out marketing functions*

Note: If we receive direct or indirect financial remuneration from a third party for marketing a product or item, we will offer you the opportunity to opt out.

6. Uses and Disclosures Required or Permitted by Law

Many laws and regulations apply to us that affect your PHI. These may either require or permit us to use or disclose your PHI. Here is a list from the federal government describing permitted uses and disclosures:

Permitted:

-If you do not verbally object, we may share some of your PHI with a friend or family if they are directly involved in your care

- We may use your PHI in an emergency if you are not able to express yourself

- If we receive assurance that protects your privacy, we may use or disclose your PHI for research. The Physical Therapy Institute will always obtain an authorization from you first

Required:

- When required by law, for example, when ordered by a court to turn over certain types of your PHI, we must do so.
- For public health activities such as reporting a communicable disease or reporting an adverse reaction to the Food and Drug Administration
- To report neglect, abuse or domestic violence
- To the government regulators or their agents to determine whether we comply with applicable rules and regulations
- In judicial or administrative proceedings such as a response to a valid subpoena
- When properly requested by law enforcement officials or other legal requirements such as reporting gunshot wounds
- To avert a health hazard or to respond to a threat to public safety such as a imminent crime against another person
- Deemed necessary by appropriate military command authorities if you are in the Armed Forces
- In connection with certain types of organ donor programs

7. Your Authorization May Be Required

In the situations noted above we have the right to use and disclose your PHI. In some situations, we must ask for, and you must agree to give a written authorization that has specific instructions and limits on our use or disclosure of your PHI. If you change your mind, you may revoke your authorization.

8. Your Privacy Rights and How to Exercise Them

You have specific rights under our federally required privacy program. Each of them is summarized below:

- Your Right to Request Limited Use or Disclosure

You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request. If we do not agree to your request, we must abide by the agreement; we have the right to ask for that request to be in writing and we will exercise that right.

- Your Right to Confidential Communication

You have the right to receive confidential communications from us at a location or phone number that you specify. We have the right to request that request in writing noting the other address or phone number and confirmation that it should not interfere with your method of payment; we will exercise the right to have that request in writing.

- Your Right to Inspect and Copy Your PHI

You have the right to inspect and copy your PHI. If we maintain our records in paper, that will be the format utilized; however, if we maintain our records electronically you have the right to review and/ or have copies made in an electronic format. Should we decline, we must provide you with a resource person to assist you in the review of our refusal decision. We must respond to your request within 30 days, we may charge reasonable fees

for copying and labor time related to copying and we may require an appointment for record inspection. We have the right to ask for your request in writing and will exercise that right.

- Your Right to Revoke Your Authorization

If you granted us an authorization to use or disclose your PHI, you may revoke it at any time in writing. Please understand that we relied on the authority of your authorization prior to the revocation and used or disclosed your PHI within its scope.

- Your Right to Amend Your PHI

You have a right to request an amendment of your record. We have the right to make the request in writing and we will exercise that right. We may deny that request if the record is accurate and/or the record was not created by this facility. If we accept the amendment, we must notify you and make an effort to notify others who have the original record.

- Your Right to Know Who Else Sees Your PHI

You have the right to request an accounting of certain disclosures that we have made over the past six years.

We do not have to account for all disclosures, including those made directly to you, those involving treatment, payment, health care operations, those to the family/friend involved with your care and those involving national security. You have the right to request the accounting annually. We have the right to ask for the request in writing and to charge for any accounting requests that occur more than once a year; we must advise you of any change and you have the right to withdraw your request or pay to proceed.

- You have a right to be informed of a breach of your protected health information

We are required to notify the patient by first class mail or by email (if indicated a preference to receive information by email), of any breaches of unsecured Protected Health Information as soon as possible, but in any event, no later than **60 days** following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured using a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. This notice is required to include the following information:

- A) A description of the breach, including the date of the breach and the date of the discovery, if known.
- B) A description of the type of unsecured protected health information involved in the breach.
- C) Instructions regarding the measures the patient should take to protect him/her from potential harm resulting from the breach.
- D) Correction action The Physical Therapy Institute has/will take to investigate the breach, mitigate losses, and protect the patient from further breaches.
- E) The Physical Therapy Institute contact information, including a toll-free telephone number, email address, web site or postal address to allow for additional questions.

- You Have a Right to Complain

You have the right to complain if you feel your privacy rights have been violated. You may complain directly to us by contacting our HIPAA officer noted in Section 10 or to 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/

We will not retaliate against you if you file a complaint about us. Your complaint should provide a reasonable amount of specific detail to enable us to investigate your concern.

- The Patient Has the Right to Receive a Copy of the Privacy Notice

The Physical Therapy Institute is obligated to provide the patient with a copy of its Notice of Privacy Practices and to post the Notice in a conspicuous place for patients to access as well as on our website. We have the right to change the Notice to comply with policy, rules or regulatory changes; we are obligated to give new notices to current and subsequent patients as changes are made. We are required to maintain each version of a Privacy Notice for a minimum of six (6) years.

9. Some of Our Privacy Obligations and How We Perform them

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. You must let us know in writing.

If we change our Notice of Privacy Practices, we will provide our revised Notice to you when you seek treatment from us.

10. Contact Information

If you have questions about this Notice, or if you have a complaint or concern, please contact:

Name: Boost Sports Performance
Address: 2861 NE Independence Ave.
Suite 104
Lees Summit, MO 64064
Phone: (816) 548-2115