



## ***Notice of Privacy Practices effective June 1, 2016***

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

This notice describes Integrative Physical Therapy privacy practices and how medical information about you may be used or disclosed and how you can obtain access to the information. All other uses and disclosures not described in this Notice will be made only with authorization from you.

### **OUR PLEDGE REGARDING HEALTH INFORMATION:**

We at Integrative Physical Therapy understand that health information about you and your health care is personal and we are committed to protecting your health information. We are required by federal and state laws to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to that information. Integrative Physical Therapy creates a record of the care and services you receive from us. This information is recorded to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this health care practice, whether made by your therapist or others working in this office. This notice will inform you of the manner in which we may use and disclose health information about you. This notice also outlines your rights to your health information, and describes certain obligations Integrative Physical Therapy has regarding the use and disclosure of your health information.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in treatment of your health. This includes the coordination or management of your health care with a third party. For example, information obtained by a physical therapist or other health care practitioner will be recorded in your record and will be used to determine your plan of care. This information may be provided to your physician or other health care professionals to assist in treating you.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use health information about you for operations of our health care practice. These uses are necessary to run our practice and ensure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements.

**As Required By Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**Marketing and any purposes which require the sale of your information:** These disclosures require your written authorization.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person as mandated by local statute. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose health information about you for public health activities as mandated by local statute.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official, as mandated by local statute.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy your PHI that may be used to make decisions about your care. Usually, this includes health and billing records. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Coordinator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

**The Right to an Electronic Copy of Electronic Medical Records:** You have the right to request a copy of your electronic medical records to be given to you and/or have transmitted to another individual or entity. This request must be made in writing. We will make every effort to provide the electronic copy in the format you request however it is not readily available but we will provide it in either our standard format or in hard copy form (fees may apply).

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing and submitted to the Medical Records Coordinator. In addition, you must provide a reason that supports your request for an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

■ is not part of the health information kept by or for our practice;

■ is not part of the information which you would be permitted to inspect and copy; or;

■ is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. 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 for your care, such as a family member or friend. For example, you could ask that we restrict a specified health care professional from use of your information, or that we not disclose information to your spouse about treatment you received. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the HIPAA Privacy Officer. In your request, you must list the information you want to limit and to whom you want the limits to apply; for example, use of any information by a specified health care employee, or disclosure of specified treatment to your spouse.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the Medical Records Coordinator. 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.

**Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice at any time. You may obtain a copy at Integrative Physical Therapy or from our website.

**Breach Notification:** You have the right to be notified in the event Integrative Physical Therapy determines that a breach of your unsecured personal health information has occurred.

**Revocation:** You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your PHI. If you revoke your permission, we will no longer use or disclose health information about you 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 permission, and that we are required to retain our records of the care that we provided to you.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain the effective date on the first page.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights. To file a complaint with us, contact the office manager at 5699 Getwell Rd, Bldg E Ste 2 Southaven, MS 38672. *There will be no retaliation against you for filing a complaint.*

#### **QUESTIONS:**

If you have any questions about this notice, please contact the office manager at 662-349-6712.



5699 Getwell Rd Building E Suite 2 Southaven MS 38672 phone 662.349.6712 fax 662.349.6782