



**Notice of the Privacy Practices of Peak Physical Therapy, Inc.  
Effective date: October 26, 2009**

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, treatment received a plan for future care or treatment and may sometimes include billing related information. Your personal physician or referring physician may have different policies or notices regarding the physician's use and disclosure of health information created in the physician's office or clinic.

**Our Responsibilities:**

**We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.**

**Uses and Disclosures:**

**How we may use and disclose health information about you.**

The following categories describe examples of the way we use and disclose health information.

**For Treatment:** We may use health information about you to provide treatment and services. We may disclose health information about you to doctors, nurses and other health care providers who are involved in taking care of you at our clinic. For example: A PT/OT treating you for a broken hand may need to know if you have diabetes because diabetes may slow down the healing process. Different departments of the clinic may also share health information about you in order to coordinate different things you may need such as prescriptions for continued care, durable medical supplies such as a TENS unit, IFC unit, home traction unit, home paraffin unit, splints or braces.

We may also provide your physician or health care provider with copies of various reports that should assist him/her in treating you.

**For Payment:** We may use and disclose health care information about your treatment and services to bill and collect payment from you, your insurance company or a third party payor. For example, we may need to give your insurance company information about your therapy so they will reimburse us for the treatment. We may also attempt to contact your health plan about a supply you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** Members of the medical staff and/or a quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. We may also combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to physicians, nurses, and therapy students for educational purposes. We may combine information we have with other clinics to see where we can make improvements. However, it is important to note that any information that specifically identifies you in records would be removed prior to using the information for health care operations to protect your privacy. Example: 37 year old male software engineer presents with repetitive strain injury that he relates to keyboarding would be used instead of Mr. John Doe is a 37 year old male who works at Apple as a software engineer, etc.

We may also use and disclose information:

- To business associates who have contracted with us to perform an agreed upon service and billing for it. Examples: TENS/IFC units, home traction equipment, splints.
- To remind you that you have an appointment for medical care.
- To assess your satisfaction with our services.
- To tell you about possible treatment alternatives.
- To tell you about health related benefits or services.
- For conducting training programs or reviewing competence of health care professionals.
- When disclosing information, primary appointment reminders and billing/collections efforts, we may leave messages on your answering machine or voicemail.

**Business Associates:** There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do and bill you, your insurance company or a third party payor for services rendered. To protect your health information, however, we require that the business associate to appropriately safeguard your information.

**Individuals Involved in Your Care of Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, though we are certainly not anticipating it, in the event of a disaster, we may disclose health care information about you to any entity assisting in disaster relief efforts so that your family can be notified about your condition, status or location.

### **Your Health Information Rights**

Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the **Right to:**

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records. There is a fee to copy records, which is standardized.
- **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 the information is kept by or for the clinic.
- **Request Restriction:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare 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 of your care, like a family member or friend. **We are not required by law to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you at work instead of your home. The clinic will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the clinic and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will always include an effective date. In addition, each time you return to our clinic for a new problem, you will be given a copy of the current notice that is in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the practice owner by the following process outlined in the clinic's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to disclose health information about you, you may revoke that permission, in writing, at any time. 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 provide to you and documented in the clinic.