

## **Notice of Privacy Practices Movement Systems Physical Therapy**

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

This Notice of Privacy Practices is effective January 31, 2013, based on a revision of privacy practices originally implemented July 1, 2003

### **Who will follow this notice:**

This notice describes Movement Systems Physical Therapy's practices, including:

- All employees.
- Any volunteer or health care students we allow to work with you while you are receiving care from our clinic.

### **Our pledge regarding health information:**

We understand that health information about you and your health is personal. We are committed to protecting health information about you. This Notice of Privacy Practices will tell you the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

### **We are required by law to:**

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.

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

The following categories describe different ways we use and disclose protected health information. All of the ways we are permitted to use and disclose information will fall within one of the identified categories:

- **For Treatment.** We may use health information about you to provide you with treatment. We may disclose health information about you to doctors, nurses, technicians, or other healthcare providers who are involved in your care.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at Movement Systems Physical Therapy may be billed to and payment may be collected from you, an insurance company or a third party. 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 Healthcare Operations.** We may use and disclose health information about you for clinic operations. These uses and disclosures are necessary to run the clinic and to make sure 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.

- **Business Associates.** Some services of our clinic are provided through contractual arrangements with business associates, such as transcription services. When services are provided by a business associate, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. In addition, we may disclose your health information to accrediting agencies and certain outside consultants. Our business associates must use appropriate safeguards to protect your health information.
- **Appointment Reminders.** We may contact you to remind you of appointments for treatment or other health-related benefits and services that may be of interest to you, including educational opportunities.
- **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend, family member or any other person identified by you as being involved in your health care or who is involved in payment for your care.
- **As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Advert a Serious Threat to Health or Safety.** We may use or disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person.

### Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

**Communication Barriers.** We may use and disclose your protected health information if we have attempted to obtain acknowledgement from our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

**Others Involved in Your Healthcare.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

**Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. In addition, we may disclose information to researchers in preparation for research.

**Emergencies.** In an emergency treatment situation, we will provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

### **Special Situations with No Opportunity to Object**

**Organ and Tissue Donation.** Consistent with applicable law, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**Specialized Governmental Functions.** We may disclose your health information for military and veterans activities, national security and intelligence activities, and similar special governmental functions as required or permitted by law.

**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 Activities.** We may disclose health information about you for public health activities. These activities generally include:

- To prevent or control disease, injury, or disability.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure when required or authorized by law.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include: audits, investigations, inspections and licensure.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected 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 if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal

conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner.

**National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of states, or to conduct special investigations.

**Inmates.** We may release health information to a correctional institution or law enforcement official about persons who are inmates of a correctional institution or under the custody of a law enforcement official.

**Food and Drug Administration (FDA).** We may disclose to the FDA your health information relating to adverse events with respect to food, supplements, product and product defects.

#### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care., If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** 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. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

#### **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

**Marketing.** We may use your information to provide you with information regarding a health-related product or service, treatment alternatives, or fund-raising. You may contact us to request that these materials not be sent to you.

**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.

## **Your Rights Regarding Your Health Information**

**Right to Inspect and Copy.** You have the right to inspect and copy health information 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 Administrator. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**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 the information is kept by or for the clinic. To request an amendment, your request must be made in writing and submitted to the Administrator. In addition, you must provide a reason that supports your request. 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by or for the clinic.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.

We will respond within 60 days of receiving your request.

**Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures we have made of your protected health information for other than treatment, payment and health care operations, or as described in this Notice. To request this list or accounting of disclosure, you must submit your request in writing to the Administrator. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes.

**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, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction, you must make your request in writing to the Administrator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**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 request confidential communications, you must make your request in writing to the Administrator. We will not ask you the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We must agree to your written request so long as we can easily provide it in the format you requested.

**Receive a record of disclosures of your health information.** You have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This listing will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and the reason for the disclosure. This listing will not include the following disclosures:

- Disclosures made for the purpose of treatment, payment or healthcare operations or disclosures made to family or responsible caregivers as

- described above
- Disclosures made directly to you
  - Disclosures made based on a valid authorization from you or from your legally authorized representative
  - Oral or incidental disclosures
  - Disclosures made for purposes of national security or to correctional institutions or law enforcement officers as described above
  - Disclosures made prior to April 14, 2003

You must request this listing of disclosures in writing to the Facility at the address at the top of this Notice. We will generally provide you with the list within 60 days of receipt of your request, unless you are notified that we require a 30-day extension. There is no charge to you for the list, unless you request such a list more than once per year.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website, [www.movementsystemspt.com](http://www.movementsystemspt.com).

### **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 the clinic and on our web site.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at Movement Systems Physical Therapy or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or otherwise retaliated against for filing a complaint.

If you have any questions about this Notice, please contact the Privacy Officer at Movement Systems Physical Therapy, 206-405-1864.