

# HEALTHY IMAGE PHYSICAL THERAPY INC.

## **HIPPA Notice and Privacy Practices**

This notice describes how medical information about our patients may be used and disclosed and how they can get access to this information. **Please review it carefully.**

**Purpose of this notice:** Healthy Image Physical Therapy Inc. (HIPT) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to patients' PHI.

This Notice describes legal rights, advises of our privacy practices and outlines how HIPT is permitted to use and disclose PHI about our patients. HIPT is also required to abide by the terms of the version of this Notice currently in effect. In most situations, we may use this information as described in the Notice without permission, but there are some situations where we may use it only after we obtain or patients' written authorization, if we are required by law to do so.

**Uses and Disclosures of PHI:** HIPT may use PHI for the purposes of payment and health care operations, in most cases without written permission. Examples of our use of PHI:

**For Treatment:** This includes the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

**For Payment:** This includes any activities we must undertake in order to get reimbursed for the services provided to our patients, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

**HIPT will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our patients' information.**

**For Health Care Operations:** This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, and certain marketing activities.

HIPT is required by law to notify our patients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

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**For Marketing Communications:** We may use or disclose your health information to identify health-related services and products that may be beneficial to your health and we may contact you about these services.

**Use and Disclosure of PHI without Your Authorization:** HIPT is permitted to use PHI without written authorization, or opportunity to object in certain situations, including:

1. For HIPT's use in obtaining payment for services provided or in other health care operations;
2. To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your insurance company);
3. To another health care provider (such as the referring physician) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with our patients and the PHI pertains to that relationship;
4. For health care fraud and abuse detection or for activities related to compliance with the law;
5. To a family member, other relative or close personal friend or other individual involved in our patients care if we obtain verbal agreement to do so or if we give our patients an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to family, relatives, or friends if we infer from the circumstances that there is no objection. For example, we may assume our patients agree to our disclosure of personal health information to their spouse when their spouse has called us for them. In situations where  
  
Our patients are not capable of objecting (because the patients are not present or due to incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to a patient's family member, relative, or friend is in the best interest. In that situation, we will disclose only health information relevant to that person's involvement in our patient care;
6. To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease) as required by law;
7. For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
8. For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process.
9. For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime;

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10. For military, national defense and security and other special government functions;
11. To avert a serious threat to the health and safety of a person or the public at large;
12. For workers' compensation purposes and in compliance with workers' compensation laws;
13. To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law; and
14. If our patient is an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ donation and transplantation.

Any other use or disclosure of PHI, other than those listed above, will only be made with written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). Authorization may be revoked at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

**Patient Rights:** Our patients have a number of rights with respect to the protection of their PHI.

HIPT will permit individual to exercise patient rights.

**The right to access, copy, or inspect PHI.** Information held electronically will be provided in electronic form if requested by the patient. HIPT requires that requests to inspect or copy PHI be submitted in writing to our office. There will be a fee associated with copying and or mailing (if applicable) medical records.

**The right to amend PHI.** Our patients have the right to ask us to amend their written medical information.

**The right to request an accounting of our use and disclosure of an individual's PHI.** Our patients may request an accounting from us of certain disclosures of their medical information that we have made in the last six years prior to the date of the request. We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations. We are also not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of the medical information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this Notice.

**The right to request that we restrict the uses and disclosures of an individual's PHI.** Our patients have the right to request that we restrict how we use and disclose their medical information that we have for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends, and other individuals involved in their health care. But if the information is needed to provide

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emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide them with emergency treatment.

**\*\*Our patients have a right to a restriction to disclosure of PHI to a health plan for payment if the patient has paid in full for the services and items provided in that visit.**

**Revisions to the Notice:** HIPT reserves the right to change their terms of this Notice at any time, and the changes will be effective immediately and will apply to PHI that we maintain. Any material changes to the Notice will be promptly posted in our clinic and posted to our website. Our patients will be given a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

**Your Legal Rights and Complaints:** Our patients also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if they believe their privacy or security rights have been violated. Complaints will not be retaliated against in any way for filing a complaint with us or to the government. Should our patients have any questions, comments, or complaints they may direct all inquiries to the Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Healthy Image Physical Therapy Inc.

Attention: Sylvia L Ruetz Privacy Officer

730 North Indian Rocks Road

Belleair Bluffs, FL 33770

(727) 584-0053

To complain to the Secretary of Health and Human Services, please use the following information:

**Region IV - Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)** Roosevelt Freeman, Regional Manager Office for Civil Rights U.S. Department of Health and Human Services Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street, S.W. Atlanta, GA 30303-8909 Voice Phone (800) 368-1019 FAX (404) 562-7881 TDD (800) 537-7697

This notice is effective on or after 4/13/13.