

### **3.51A PROTECTED HEALTH INFORMATION PRIVACY NOTICE**

Effective Date: April 1, 2003

#### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

#### **PLEASE REVIEW IT CAREFULLY**

If you have any questions about his notice, please contact our Clinic Director.

**PURPOSE:** We are committed to protecting health information about you. To maintain the highest level of quality care to our patients as well as comply with all governmental regulations, we will create a record of the care and services you receive from us. This notice applies to any and all records of your care which may be created by us, whether made by your primary therapist or others working in this office. We also will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

**MECHANISM:** 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; and
- Follow the terms of the notice that is currently in effect.

#### **I. 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.

**Treatment:** We may use any health information about you to provide you with health care treatment or services. For that purpose, we may disclose this health information about you to doctors, nurses, technicians, therapist and therapist assistant students, or other personnel who are involved in taking care of you. They may work at our offices, or at another doctor's office, lab, pharmacy, or other health care provider to whom you have been referred to for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician at the hospital about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**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. Since we use an outside service for billing, A Business Associate Agreement has been established to assure that such disclosed information complies with the Privacy Rules currently in force.

**Health Care Operations:** We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and 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. 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. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

**Health-Related Services and Treatment Alternatives:** We may use and disclose health information to tell you, in a form other than verbally, about health-related services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to send you this information, or if you wish to have us use a different address to send this information to you.

**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process; but we may disclose health information about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, so long as the health information they review does not leave our facility. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

**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. 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.

**Worker's 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. These activities generally include, but are not limited to, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person or organization required to receive information on FDA-regulated products;
- 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 believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or 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 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. This does not cover information to your Attorney.

**Law Enforcement:** We may release, with some restrictions, health information if asked to do so by a law enforcement official:

- In reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime, in response to a court order, subpoena, warrant, summons or similar process;
  - About the victim of a crime, if the victim agrees to disclosure or under certain limited circumstances, we are unable to obtain the persons agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at our facility; and
- In emergency circumstances 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, Health Examiners and Funeral Directors:** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**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 state or conduct special investigations.

## **II. 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 health information that may be used to make decisions about your care. Generally, 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 Patient Account Representative. This will begin the authorization process in accordance with our policies and procedures in this matter. 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.

In certain very limited circumstances, we may deny your request to inspect and copy. If you are denied access to health information, you may request that the denial be reviewed. The Privacy Officer will review your request and the denial. We will comply with the outcome of the review.

**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.

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, after professional review, may deny your request.

**Right to an Accounting of Disclosures:** You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

**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 therapist from use of your information, or that we not disclose information to your spouse about a surgery you had.

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 or the information is needed to provide you emergency care.

**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 to Amend, an Accounting of Disclosures, a Restriction, or a Confidential Communication,* you must make your request in writing to the Patient Account Representative. This will begin the authorization process in accordance with our policies and procedures in this matter.

**Right to a Paper Copy of this Notice:** You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from the Patient Account Representative.

**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 on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer, listed on the front of this manual. All complaints must be submitted in writing. You will not, in any way, be penalized for filing a complaint.

**OTHER USES OF HEALTH INFORMATION:** Other uses and disclosures of health information not specifically covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us 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 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.

Effective March 1, 2003

3.5 PATIENT PRIVACY NOTICE ACKNOWLEDGEMENT

Yorba Linda Physical Therapy

I have read and understand the HIPPA Protected Health Information Privacy Notice 3.5 1A. I understand that upon request a copy of the complete notice will be provided to me.

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Patient name (print)

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Patient signature

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Date