

# AllCare Physical Therapy Notice of Privacy

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

## ***UNDERSTANDING YOUR HEALTH RECORD***

A record is made each time you are treated at our clinic. Your injuries, evaluation and test results, diagnosis, treatment, and a plan of care are recorded. This information is most often referred to as your "health or medical record" and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy and enable you to relate to who, what, when, where and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others.

## ***UNDERSTANDING YOUR HEALTH INFORMATION RIGHTS***

You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments to be made to your health record. This clinic is not required to accept your requests and you cannot request restrictions on uses or disclosures otherwise required by law. Your rights include being able to review or obtain a paper copy of your health information, and be given an account of all disclosures. You may also request communication of your health information e made by alternative means or to alternative locations if you clearly state that disclosures of all or part of the information could endanger you. This clinic may require you to submit a written request for any of the documents or actions that you have a right to under the Health Insurance Portability and Accountability Act of 1996.

## ***OUR RESPONSIBILITIES***

This clinic is required by law to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This clinic is required to abide by the terms of this notice, as currently in effect, and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or alternative locations. This clinic reserves the right to change its practices and effect the new provisions with respect to all health information that it maintains (including such information that this clinic had prior to implementation of the new provision). In the event that changes are made, this clinic will notify you at the current address provided in your medical file. Other than for reasons described in the notice, this clinic agrees not to use or disclose your health information without your authorization.

## ***USE OR DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION***

This clinic may use and disclose your health information in order to provide treatment, obtain payment and perform our health care operations, as well as other specific reasons as detailed below:

- **TREATMENT**-Information obtained by your therapist in this clinic will be recorded in your medical record and used to determine the course of treatment. This consists of your therapist recording his/her own expectations and those of others involved in providing your care. The sharing of your health information may progress to others involved in your care such as physicians.
- **PAYMENT**-Your health care info will be used in order to receive payment for services rendered by this clinic. A bill may be sent to either you or a third party payor with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.
- **HEALTH CARE OPERATIONS**-The medical staff in this clinic will use your health info to assess the care you received and the outcome of your case compared to others like it. Your info may be reviewed for risk

management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

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- **BUSINESS ASSOCIATES**-Some or all of your health info may be subject to disclosure through contracts for services to assist this clinic in providing health care. To protect your health info, we require these associates to follow the same standards held by this clinic through terms detailed in a written agreement.
- **NOTIFICATION**-Your health record may be used to notify or assist family members, personal representatives or other persons responsible for your care, to enhance your well being or your whereabouts.
- **COMMUNICATION WITH FAMILY**-Using best judgment, a family member or close personal friend identified by you, may be given information relevant to your care and or recovery.
- **WORKERS' COMPENSATION**-This clinic will release information to the extent authorized by law in matters of worker's compensation.
- **PUBLIC HEALTH**-This clinic is required by law to disclose health information to public health and or legal authorities charged with tracking reports of birth and morbidity. This clinic is further required by law to report communicable disease, injury or disability.
- **LAW ENFORCEMENT**-This clinic may disclose your health information to the police or other law enforcement officials as required or permitted under state law or in response to a valid court order or grand jury or administrative subpoena.
- **HEALTH OVERSIGHT ACTIVITIES**-This clinic may disclose your health information to a health oversight agency that oversees the health care systems and is charged with responsibility for ensuring compliance with rules of governmental health programs, such abuse, neglect or domestic violence.
- **VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE**-If this clinic reasonably believes you are a victim of abuse, neglect or domestic violence; it may disclose your health information to the appropriate governmental authority, authorized by law to receive reports to such abuse, neglect or domestic violence.
- **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS**-This clinic may disclose your health information in the course of a judicial proceeding in response to a legal order or other lawful purpose.
- **AS REQUIRED BY LAW**-This clinic may use and disclose your health information when required to do so by any other law not already referred to in the proceeding categories.

**USE OR DISCLOSE YOUR HALTH INFORMATION WITH WRITTEN AUTHORIZATION**

Any other use or disclosure of your health information, other than those listed above will only be made with your written authorization at any time, except to the extent this clinic used or disclosed your health information in reliance of your authorization.

**TO RECEIVE ADDITIONAL INFORMATION OR REPORT A PROBLEM**

Please speak with the Office Manager or one of the Physical Therapists if you have any questions or concerns regarding this document or if you feel your privacy rights have been violated in any way. You have every right to file a complaint with the **United States Secretary of Health and Human Services** with no fear of retaliation by this clinic at **800-368-1019**.

**NOTICE OF PRIVACY PRACTICES AVAILABILITY:** All individuals receiving care will be given a hard copy and asked to acknowledge receipt.

***I have read and understand my rights as defined in this document:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

