



NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION (HIPPA)

This notice describes how medical information about you can be used and disclosed and how you can access this information. Please review it carefully.

We are required by law to maintain the privacy of your protected health information. By law we must provide you with notice of your legal duties and privacy practices relating to protected health information. This notice details your rights with regard to how we may use and disclose your protected health information (PHI) for treatment, payment and healthcare operations and other purposes permitted by law.

Description of (PHI): Your protected health information is health information that contains demographic identifiers, such as name, address, and other information that may reveal your identity and nature of your care.

Permitted uses and disclosures: We may use and disclose your PHI without your written consent for the following:

- Treatment: We may use and disclose your PHI to provide, coordinate, or manage your healthcare treatment among healthcare providers with a third party, consultation between health care providers regarding a patient, or with providers you requested to be involved in your care.
- Payment: the activities of health care providers to obtain payment or reimbursement for their services and to ascertain premiums, covered responsibilities and obtain or provide reimbursement for the provision of healthcare. We use your PHI to confirm your eligibility or insurance coverage under a plan, adjudicating claims, billing and collection activities and justification of charges.
- We may use and disclose your PHI to support our business activities to ensure quality care. These activities include administrative, financial, legal, and quality improvements necessary to operate our business. Such uses and disclosures may occur for licensing, compliance review and management purposes; to review and evaluate our treatment; care services; to train and evaluate staff and obtain legal and financial collection assistance.
- We may use your PHI to market or promote health related benefits and services, to inform you of health related products or services provided by Peak Physical Therapy, other treatments or therapies, or in communication and during interactions with you.

As Required by law: Your PHI may be used and or disclosed without your authorization in the following special circumstances as required by federal, state or local law including; public health authorities related to public health risks or activities, health oversight activities such as audits, investigations, inspections and licensure and activities authorized by law that are necessary for government monitoring of the health care system, government programs and compliance with civil rights laws; reports to appropriate authorities concerning victims of abuse, neglect, or domestic violence.

- We may disclose your PHI in compliance with a court or administrative order, court order, warrant, court subpoena, discovery request or in response to lawful discovery process.
- We may disclose your PHI when requested by law enforcement, coroner, health examiner and funeral directors.
- If you are a member of the armed services PHI may be released as required by military command authorities or the Department of Veterans Affairs as applicable.

- Additionally the release of PHI about foreign military personnel to the appropriate foreign military authorities; to federal officials as required by law for national security activity; to workers compensation or similar programs that provide benefits for work related injuries or illnesses; research, if conducted without information that could reveal your identity.
- Uses or disclosures of your PHI not covered within this notice or applicable laws may only be made with your written authorization. You may revoke such authorization in writing at any time.
- We may provide relevant PHI to a family member, relative, close friend or any other person you identify as being involved in your treatment decisions or payment responsibilities. You have the right to object to this and notify us your wishes.

Your rights concerning PHI: You have the following rights with respect to medical information:

- You may ask to restrict certain uses and disclosures of your PHI. We are not required to agree to your request and you must submit your request in writing to our business office.
- You have the right to receive communications in a confidential manner.
- You may have the right to review or obtain copies of your PHI. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records. We may deny your request to inspect or receive copies in certain limited circumstances, such as if psychotherapy notes or if a licensed health care professional determines that your access to the information may endanger the life or physical safety of another person. If you are denied access to your PHI in some cases you will have a right to request a review of denial decision.
- You may ask to amend you medical information. Your request must be in writing and state reason you believe the amendment is necessary. We may deny your request for certain specific reasons including denial if your request is not in writing, not accompanied with your reason for the request or if the PHI was not created by us. If we deny your request, we will provide you with a written explanation for the denial. If we deny your request for amendment, you have the right to submit a written statement disagreeing with the denial which may be attached to your clinical record.
- You have the right to receive an accounting of the disclosures of your medical information made by us during the last six years. Your request must be in writing and must state the time period for the requested information. You may not be entitled to information for dates greater then six years from the timing of your request.
- You may request a paper copy of this Notice of Privacy Practices for PHI.

Complaints: You have the right to complain to us and/or to the United States Department Health and Human Services if you believe we have violated your privacy rights. To file a complaint with us, you must make it in writing within 180 days of suspected violation. Please provide information regarding the suspected violation and send it to our office.

-Changes to Privacy Practices: We reserve the right to make revisions to this notice and to our privacy practices at any time. Revisions will apply to all the PHI we currently maintain, and any PHI that we obtain in the future. If we make material changes to this notice, we will post changes on our website.