

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

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

*We are committed to protecting medical information about you. This includes all records of your care generated by the office, whether made by your therapists or by office personnel.*

*We are required by law to make sure that medical information that identifies you is kept private. We are required by law to provide you with this notice of our legal duties and privacy practices with respect to medical information about you. This notice describes your rights and certain obligations we have regarding the use and disclosure of medical information.*

**USES AND DISCLOSURES**

The following categories describe different ways that we may use or disclose your protected health information (PHI). 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** includes the disclosure of health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians and other therapists. For example, we may feel that a stroke patient we are treating would benefit from an evaluation by a speech-language pathologist to address a swallowing difficulty. The health information we share with the speech- language pathologist would be considered a treatment related disclosure.

**Payment** includes the disclosure of health information to your insurance company, including Medicare and Medicaid, so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary.

**Business Operations** includes the uses and disclosures necessary to run the office and make sure all our patients receive quality care. For example, we may use your medical information to monitor our staff's performance in caring for you and educate them as to how to improve the care they provide to you.

**Business Associates:** We may share your medical information with our "business associates," such as our billing service and other vendors who perform administrative services for us. We have a written contract with each of these business associates that requires them to protect the confidentiality of your medical information.

**Other Special Uses:** We may use your PHI for other reasons including: contacting you with an appointment reminder, calling out your name in the waiting room when we are ready to see you, informing you of other health and recreational therapy related services that may be of interest to you, or requesting a contribution to our charitable activities.

**Breach Notification:** In the case of a breach of unsecured PHI, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances one of our business associates may provide the notification. We may also provide notification by other methods as appropriate.

**Uses and Disclosures Required by Law:** The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: we may share some of your PHI with a family member or friend involved in your care if you do not object, we may use your PHI in an emergency situation when you may not be able to express yourself, and we may use or disclose your PHI for research purposes if we are provided with very specific assurances that your privacy will be protected. We may also disclose your PHI when we are required to do so by law, for example by court order or subpoena. Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions.

We may use and disclose health information about you to avert a serious threat to your health or safety or health of the public or others. If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities. We may release information about you for workers' compensation or other similar programs that provide benefits for work-related injury or illness.

Your authorization is required before your PHI may be used or disclosed by us for other purposes.

**YOUR PRIVACY RIGHTS**

**Restrictions:** You have the right to request restrictions on how your PHI is used; however, we are not required to agree with your request. If we do agree, we must abide by your request.

**Confidential Communications:** You have the right to request confidential communication from us at a location of your choosing. This request must be in writing.

**Access to PHI:** You have the right to request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing.

**Amendments:** You have the right to request an amendment be made to your PHI, if you disagree with what it says about you. This request must be made in writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree that will become part of your record. We may not amend parts of your medical record that we did not create.

**Accounting of Disclosures:** You have the right to request, in writing, an accounting of the disclosures made in the previous six years. These disclosures will not include those made for treatment, payment, or health care operations or for which we have obtained authorization.

**Changes to this Notice:** We reserve the right to amend this notice at any time in the future. After an amendment is made, the revised Notice of Privacy will apply to all protected health information we maintain, regardless of when it was created or received. A copy of our current notice will be posted in our waiting area.

**Complaints:** If you feel that your privacy rights have been violated, you have the right to make a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact the Privacy Office at [The Company Name] [Address]. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services. <OCRComplaint@hhs.gov>

The complaint form may be found at: <<http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf>>.

**Our Duty to Protect Your Privacy**

We are required to comply with the federal health information privacy regulations by maintaining the privacy of your PHI. These rules require us to provide you with this document, our Notice of Privacy Practices. We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you next seek treatment from us.