



## **HIPAA Notice of Privacy Practices and Patient Rights**

**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.**

Personally identifiable information about your health, your health care, and your payment for health care is called Protected Health Information. We must safeguard your Protected Health Information and give you this Notice about our privacy practices that explains how, when and why we may use or disclose your Protected Health Information. Except in the situations set out in the Notice, we must use or disclose only the minimum necessary Protected Health Information to carry out the use or disclosure.

We must follow the practices described in this Notice, but we can change our privacy practices and the terms of this Notice at any time.

You may ask for a copy of the Notice by calling us at 682-276-3040 and asking us to mail you a copy or by asking for a copy at your next appointment.

### **Uses and Disclosures of Your Protected Health Information That Do Not Require Your Consent**

We may use and disclose your Protected Health Information as follows without your permission:

#### **For treatment purposes:**

We use and disclose your medical information during your treatment. For example, you are evaluated by a physical therapist. It may also be necessary to share your medical information with another health care provider whom we need to consult with respect to your care. We may also use or disclose your PHI for many other types of treatment activities.

#### **To obtain payment**

We may disclose your health information to collect payment for your health care. For instance, we may release information to your insurance company.

#### **Health Care Operations**

We also use and disclose your PHI in our health care operations. For example, our therapists meet periodically to study medical records to monitor the quality of care in our facility. Your medical records might be used in these assessments. We may disclose your information to students training with us.

#### **For Social Uses:**

We may use your health information for the following purposes:

- Appointment reminders
- Using your name while in the clinic

#### **When required by law:**

We may be required to disclose your Protected Health Information to law enforcement officers, courts or government agencies.

- **To avert a threat to health or safety.** To avoid a serious threat to health or safety, we may disclose health information to law enforcement officers or other persons who might prevent or lessen that threat.
- **For specific government functions.** In certain situations, we may disclose health information of military officers and veterans, to correctional facilities, to government benefit programs, and for national security reasons.
- **For workers' compensation purposes.** We may disclose your health information to government authorities under workers' compensation laws.

## **Uses and Disclosures of Your Protected Health Information That Require Your Consent**

The following uses and disclosures of your Protected Health Information will be made only with your written permission, which you may withdraw at any time:

**To your family, friends or others involved in your care.** We may share with these people information related to their involvement in your care or information to notify them as to your location or general condition.

**For research purposes.** To serve our patient community, we may want to use your health information in research studies. For example, researchers may want to see whether your treatment cured your illness. In such an instance, we will ask you to complete a form allowing us to use or disclose your information for research purposes. Completion of this form is completely voluntary and will have no effect on your treatment.

**For marketing purposes.** Without your permission, we will not send you mail or call you on the telephone to urge you to use a particular product or service, unless such a mailing or call is part of your treatment. Additionally, without your permission we will not sell or otherwise disclose your Protected Health Information to any person or company seeking to market its products or services to you.

**For any other purposes not described in this Notice.** Without your permission, we will not use or disclose your health information under any circumstances that are not described in this Notice.

## **Your Rights Regarding Your Protected Health Information**

You have the following rights related to your Protected Health Information:

**To inspect and request a copy of your Protected Health Information.** You may look at and obtain a copy of your Protected Health Information in most cases.

**To request that we correct your Protected Health Information.** If you think that there is a mistake or a gap in our file of your health information, you may ask us in writing to correct the file. We may deny your request if we find that the file is correct and complete, not created by us, or not allowed to be disclosed. If we deny your request, we will explain our reasons for the denial and your rights to have the request and denial and your written response added to your file. If we approve your request, we will change the file, report that change to you, and tell others that need to know about the change in your file.

**To request a restriction on the use or disclosure of your Protected Health Information.** You may ask us to limit how we use or disclose your information, but we generally do not have to agree to your request. An exception is that we must agree to a request not to send Protected Health Information to a health plan for purposes of payment or health care operations if you have paid in full for the related product or service. If we agree to all or part of your request, we will put our agreement in writing and obey it except in emergency situations. We cannot limit uses or disclosures that are required by law.

**To request confidential communication methods.** You may ask that we contact you at a certain address or in a certain way. We must agree to your request as long as it is reasonably easy for us to do so.

**To find out what disclosures have been made.** You may get a list describing when, to whom, why, and what of your Protected Health Information has been disclosed during the past six years. We must respond to your request within sixty days of receiving it. We will only charge you for the list if you request more than one list per year. The list will not include disclosures made to you or for purposes of treatment, payment, health care operations if we do not use electronic health records, our patient directory, national security, law enforcement, and certain health oversight activities.

**To receive notice if your records have been breached.** Olive Physical Therapy, LLC will notify you if there has been an acquisition, access, use or disclosure of your Protected Health Information in a manner not allowed under the law and which we are required by law to report to you., We will review any suspected breach to determine the appropriate response under the circumstances.

**To obtain a paper copy of this Notice.** Upon your request, we will give you a paper copy of this Notice. If you have any questions about these rights, please contact us.

## **Effective Date**

- This Notice is effective on December 1, 2020.
- We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.