

## NOTICE OF PRIVACY PRACTICES

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

### ***WHO WILL FOLLOW THIS NOTICE***

This notice describes the practice of Professional Therapy Services, and that of:

- Any physician or health care professional authorized to enter or access information in your medical record
- All departments and units of this facility
- Any member of a volunteer group we allow to help you while you are receiving our services
- Participants in affiliated health care education programs
- All employees and associated health care personnel.
- Any affiliate engaged in the provision of health care services on behalf of this facility

(In addition, these parties may share medical information with each other for health care services, payment or health care operations purposes described in this notice.)

### ***OUR PLEDGE REGARDING MEDICAL INFORMATION:***

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. To provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive. This notice applies to all of the medical records of your care generated at or received by our facility.

### ***WE ARE REQUIRED BY LAW TO:***

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### ***HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:***

The following categories describe different ways that we use and disclose medical information. *Not every use or disclosure in a category will be listed.*

- **For Health Care Services.** We may use medical information about you to provide you with medical health care services. We may disclose medical information about you to physicians, nurses, social workers, technicians, medical students, and/or students participating in health care education, or other health care personnel who are involved in taking care of you during your need for health care services. Our different departments also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. In order to coordinate and continue your care we may also disclose medical information about you to external entities who may be involved in your medical care after you leave our facility.

- **For Payment.** We may use and disclose medical information about you so that the health care services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about health care services you are going to receive to obtain prior approval or to differentiate whether your plan will cover the health care services.
- **For Health Care Operations.** We may use and disclose medical information about you for health care operations. For example, we may use medical information to review our health care services and to evaluate the performance of our staff in caring for you. We may use and disclose medical information to contact you as a reminder that you have an appointment for health care services or medical care.
- **Business Associates.** Some services, such as interpreting radiology or other tests, are contracted through external business associates. When this is necessary, we will require them to appropriately safeguard any information disclosed to them during the performance of their service.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about possible health care services, health-related benefits, or services that may be of interest to you.
- **Notification & Communication with Family.** Using professional judgment, we may contact or assist in contacting a family member, personal representative or other person responsible for your care to advise them of your location and general condition. Depending on that person's involvement in your care or payment related to your care, additional information may be disclosed as deemed necessary.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law or in response to a valid subpoena.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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.

#### ***SPECIAL SITUATIONS***

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations to handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military authority.
- **Fundraising.** Patient protected health information may be used or disclosed for fundraising, and that during each fundraising communication the patient shall have an opportunity to opt-out of future requests.
- **Psychotherapy Notes.** Notice of Privacy Practices must have a statement regarding use and disclosure of Psychotherapy notes, regardless of whether you the Practitioner creating such notes or a Practitioner practicing Psychotherapy. Every Practitioner in practice is required to incorporate statutorily mandated language addressing permitted uses without additional authorization of psychotherapy notes as any patient may have such as part of their medical record transferred to such Practitioner.

- **News Media.** Sometimes, the circumstances that brought you to the facility are of interest to the media. All facilities use the terms: good, fair, serious, or critical, to indicate a patient’s condition without sharing specific medical information.
- **Marketing.** We are required to obtain an authorization for any use or disclosure of protected health information for marketing purposes: except if the communication is (A) face to face; or (B) a promotional gift of nominal value. In addition, if the marketing involves financial payment to Practitioner from a third party, the subsequent authorization must disclose that such payment is involved.
- **Sale.** We must obtain an authorization should we sell patient protected health information and gain from such sale. A Practitioner may sell patient protected health information without getting authorization where used for research and the only payment is reasonable cost-based fee to cover the cost to prepare and transmit, and where transmitted for the sale, transfer, merger or consolidation of all or part of Professional Therapy Services, Inc. and for related due diligence.
- **Workers’ Compensation.** We may release medical 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 medical information about you for public health activities. These activities generally include the following:
  - 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 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.

***YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU***

You have the following rights regarding medical information we maintain about you:

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care.
- **Right to Amend.** If you feel that medical 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 the information is kept by or for us.

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 may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical 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.
- **Right to Breach Notification.** You have a right to or will receive a notification in the event of a breach of your unsecured protected health information.
- **Right to Request Restriction.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for health care services, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You could also ask to be excluded from surveys pertaining to patient satisfaction.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency health care services.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

***WHO TO CONTACT***

- If you have questions or wish to inspect, amend or restrict your medical information, you may contact our Privacy Officer at \_\_\_\_\_.
- If you feel your privacy rights have been violated, you may contact our Privacy Officer at \_\_\_\_\_. You may also file a complaint with the secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

***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 medical 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 corner, the effective date. In addition, each time you register at or are admitted to our facility for health care services, as an inpatient or outpatient, we will offer you a copy of the current notice in effect. If you are being served by a home health agency, hospice, durable medical equipment or infusion company, you may request a copy of any changes to the current notice to be mailed to you.

***OTHER USES OF MEDICAL INFORMATION***

Other uses and disclosures of medical information not addressed by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical 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.