



NOTICE OF PROTECTED HEALTH INFORMATION PRACTICES

PLEASE READ AND REVIEW CAREFULLY

This describes how your health information may be used or disclosed and how you may get access to this information.

PURPOSE:

Total Performance Physical Therapy (TPPT) is permitted by federal law to make uses and disclose your personal health information as it pertains to treatment, payment and health care operations. Protected health information that TPPT has is the information that has been gathered during your course of treatment as a patient. This includes but is not limited to; documentation of symptoms, examinations, test results, diagnoses, treatment, applying for future care and treatment and billing documents for these services.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

1. Treatment – TPPT may disclose your protected health information in the coordination of your health care, i.e. contacting a specialist to discuss your treatment, your primary care physician or other medical personnel involved in your care.
2. Payment - TPPT is permitted to disclose you protected personal health information for the purpose of billing, determining coverage, claims management, medical data processing and reimbursement. This information may be released to insurance companies, third party payers or other authorized entities involved in the payment of your medical care and may involve the providing copies of medical records in order to obtain payment.
3. Health Care Operations - TPPT is permitted to use and disclose your health care information during TPPT's routine health care operations including but not limited to; quality assurance, utilization reviews, medical reviews, auditing, accreditation, licensing or credentialing activities, legal services, protocol and clinical guideline development and for educational purposes.

USES AND DISCLOSURES WITH PATIENT AUTHORIZATION:

1. Under Privacy Regulations, TPPT may use and/or disclose your health care information with your written authorization. This may be necessary in cases of disclosing your name and medical condition to medical companies that may be able to provide useful services or equipment. You, the patient, may revoke this authorization at any time but it will not revoke any information given out prior to the receipt of revocation.

USES AND DISCLOSURES WITH PATIENT OPPORTUNITY TO VERBALLY AGREE OR OBJECT:

1. TPPT, under the privacy regulations, is permitted to share your information without written consent to family members, care givers, a close personal friend or any other person identified by you, if the information is directly involved in that person's involvement in your care or treatment. Notification in advance is required by TPPT and you, the patient, have the opportunity to verbal consent or deny.

USES AND DISCLOSURES WITHOUT AN ACKNOWLEDGEMENT, AUTHORIZATION, OR OPPORTUNITY TO VERBALLY CONSENT OR OBJECT:

1. Under the Privacy Regulations we are able to provide your protected health information in the following cases without your acknowledgement, authorization or opportunity to obtain verbal permission:
 - a. Uses and Disclosures Required by Law
 - b. Abuse and/or Neglect – In such cases where abuse and/or neglect is reasonably suspected your health information may be shared
 - c. Public Health Activities – TPPT may disclose your protected health information in the event of reporting communicable diseases, vital statistics, public health reporting and other similar circumstances.

- d. Regulatory Agencies - TPPT may disclose your information to a health care oversight agency for activities authorized by law including but not limited to licensure, certification, audits, investigations, and inspections. These programs are essential for the monitoring of civil rights compliance, monitoring the health care system and government programs.
- e. Law Enforcement Purposes - TPPT may disclose your protected health information to law enforcement when required to do so.
- f. Judicial and Administrative Proceedings - TPPT may disclose protected health information in judicial and administrative proceedings, in response to a court order, administrative tribunal, or in response to a summons, warrant, subpoena, discovery request or other legal requests.
- g. Coroners, Medical Examiners and Funeral Directors
- h. Research - When appropriate, TPPT may disclose your personal protected health information to researchers when their study has been approved by an institutional review board that has reviewed the research proposal and has made certain safeguards in place to protect your health information.
- i. Threats to Health and Safety
- j. Military/Veterans - If you are a member of the armed forces we may disclose your health information as required by commanding military authorities.
- k. Workers' Compensation - TPPT may disclose your health information in order to be compliant with laws relating to workers' compensation and other similar programs.
- l. Marketing - TPPT may disclose your information to make a marketing communication to you, if such communication is conducted face-to-face, concerns products or services of a nominal value, or identifies us as the communicating party and that we will receive remuneration for receiving for making the communication and, where required by the Privacy Regulations, instructions describing how you may verbally object to receiving future communications.
- m. Appointment Reminders - TPPT may use and disclose your private protected health information to remind of an appointment for treatment and medical care at TPPT.
- n. Other uses and disclosures - In addition to the reasons listed above we may use and disclose your health information for other purposes as defined by the Privacy Regulations.

USES AND DISCLOSURES TO BUSINESS ASSOCIATES:

1. With proper authorization, we are permitted to disclose your health information to business associates and to allow business associates to receive your health information on our behalf. A Business Associate is defined under the Privacy Regulations as an individual or entity under contract with us to perform or assist us in a function or activity, which requires the use of your health information. Examples include, lawyers, accountants, medical billing facilities and others. Each is required to protect your private health information.

PATIENT RIGHTS

Although your health information is our property, you have the following rights regarding your health information:

1. Right to request restrictions on the use and disclosure of your health information: You have right to request in writing restrictions on disclosure of your health information as it pertains to health care operations, treatment and payment. TPPT, however, does not need to comply with such requests.
2. Right to inspect and copy your health information: You have the right to inspect your health care record upon request. For example this does not extend to psychotherapy notes, information compiled in reasonable anticipation of a civil or criminal proceeding. Access may also be denied if a threat is perceived to you or someone else.
3. Right to verbally object
4. Right to seek amendment of your health information: You have the right to request in writing an amendment of your health information. TPPT has the right to deny such request but must give you a written explanation.
5. Right to an Accounting of disclosure of your health information : You have the right to request an accounting of disclosure made by us of your disclosure of your health information within six (6) years of the date requested. The accounting will not include disclosures for treatment, billing, payment or health care operations. The accounting disclosures will include the date, name, address, description of the information disclosed and purpose of disclosure.
6. Right to confidential communications
7. Right to revoke Authorization
8. Right to receive copy of this notice

CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHT VIOLATION

If you would like to additional information and/or have questions regarding the uses and disclosures of your health information please contact the compliance officer at 215-997-9898. TPPT has established an internal complaint process for reporting privacy rights violations. If you believe your rights have been violated you may file a complaint with us or the Secretary of the Department of Health and Human Services at 200 Independence Ave, S.W., Washington, DC, 20201. To file a complaint with us contact the compliance officer at 215-997-9898. All complaints must be submitted in writing to this office at 1501 Lower State Rd, Ste 308, North Wales, PA 19454. There will be no retaliation for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF PATIENT PRIVACY NOTICE

I acknowledge that I am consenting to the use and/or disclosure of personally identifiable health information about me by Total Performance Physical Therapy (TPPT) for the purpose of treatment, obtaining payment and other health care operations permitted by the privacy act.

I acknowledge that I have received a copy of the privacy notice.

I acknowledge and understand that TPPT has the right to change its privacy notice as it sees fit from time to time. If I wish to obtain an updated privacy notice I need to send a written request to 1501 Lower State Rd, Ste 308, North Wales, PA 19454, Attention: Practice Compliance Director.

I understand that I may request restrictions be placed on the use and disclosure of my health information but that TPPT does not have to agree to this request.

I request the following restrictions be placed on the use and disclosure of my health information (leave blank if no restrictions):

I have read, acknowledge and understand the policies set forth in the above privacy notice.

Patient or Guardian

Date

Witness Signature

Date