

## Notice of Information Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE, READ IT**

### Understanding Your Physical Therapy Health Record

Each time you visit a hospital, physician or other healthcare provider, the provider makes a record of your visit. Typically this record contains your health history, current symptoms, examination and test results, diagnosis's, treatment and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party can verify that you actually received the services billed for.
- A tool in medical education.
- A source of information for public health officials charged with improving the health of the regions they serve.
- A tool to assess the appropriateness and quality of care you received.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why and how others may access your health information.
- Make informed decision about authorizing disclosures to others.
- Better understand the health information rights detailed below.

### Our Responsibilities Under The Federal Privacy Standard

In addition to providing you your rights the federal privacy standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm) of any breach of privacy/confidentiality.

**WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US.**

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

## How to get more information or to report a problem

If you have questions and/or would like additional information, you may contact Leah Inniss at 619-287-4678.

### Examples of disclosures for treatment, payment and health operations

*We will use your health information for treatment.*

Example; a physician, nurse or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We will also provide your physician, other healthcare professional, or a subsequent healthcare provider with copies of your records to assist them in treating you once we are no longer treating you.

*We will use your health information for payment.*

Example: We may send a bill to you or a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received and supplies used.

*We will use your health information for health operations.*

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

*Business associates:* We provide some services through contracts with business associates.

Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function(s) we have contracted with them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Marketing continuity of care:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.



*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

*Law enforcement:* We may disclose health information as required by law or in response to a valid subpoena.

*Health oversight agencies and public health authorities:* If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.

*The federal Department of Health and Human Services (DHHS):* Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

*Other:* In our facility we use a daily sign-in sheet, posted daily schedule and unlocked storage of patient information. We may receive or send your health information by facsimile, telephone, e-mail or mail.

### **Your Rights Under the Federal Privacy Standard**

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

- Request restriction on uses and disclosures of your health information for treatment, payment and health care operations. "Health care operations" consist of activities that are necessary to carry the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under §§ 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, like mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request.
- Obtain a copy of this notice of information practices. Although we have posted a copy in a prominent location in our facility, you have the right to a hard copy upon request. You have executed a receipt acknowledging receipt of this document.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have right of access to the following:
  - Psychotherapy notes
  - Information compiled in reasonable anticipation of or for the use in civil, criminal or administrative actions or proceedings.
  - PHI (protected health information) that is subject to the Clinical Laboratory Improvement Amendments of 1988("CLIA"), 42 U.S.C. § 263a, to the extent that the provision of access to the individual would be prohibited by law.

- Information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, the provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. These “reviewable” grounds for denial include:

- Licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- PHI makes references to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual’s personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provider of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access.

**We reserve the right to charge a reasonable, cost-based fee for making copies.**

- Request amendment/correction of your health information. We do not have to grant the request if:
  - we did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
  - the records are not available to you as discussed immediately above.
  - the record is accurate and complete.

If we deny your request for amendment/ correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

- Obtain an accounting of “non-routine” uses and disclosures-those other than for treatment, payment and health care operations.

We must provide the accounting within 60 days. The accounting must include:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such a statement, a copy of your written authorization, or a copy of the written request for disclosure.

The first accounting in any 12 month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.



We do not need to provide an accounting for:

- The facility directory or to persons involved in the individual's care or other notification purposes as provided in § 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual's location, general condition, or death).
  - National security or intelligence purposes under § 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object).
  - Transaction that occurred before April 14, 2003.
- Revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.
  - Complain to us and/or the Secretary of HHS, if you believe your privacy rights have been violated. The complaint must be filed within 180 days if you knew or should have known the violation occurred. A form will be provided to you to file a complaint. We will not retaliate against you for filing a complaint.