

NOTICE OF PRIVACY PRACTICE

This notice describes how health information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

Purpose:

Universal Physical Therapy, LLC (UPT) is required by law to maintain the privacy of your Protected Health Information (PHI) and to give you notice of our privacy practices, how we use and share your information, legal duties and your rights concerning PHI. This notice is effective September 20, 2013 and applies to all PHI as stated by state and federal regulations.

How We May Disclose Your PHI:

The following categories describe how we may use and disclose PHI.

Treatment: We may use or disclose your PHI to those involved in your care for purposes of providing coordinating or managing your health care treatment and related services. For example: Results from evaluative findings, will be available in your medical records to all health care individuals who are involved in your medical care.

Payment: We may use or disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

Health Care Operations: Your PHI may be used as needed to support day to day health care operations. Example: Information of services received may be used for budgeting, professional review to evaluate and promote quality, as well as other administrative activities.

Required By Law: Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Other Allowable Uses and Disclosures of Your PHI:

- **Education about treatments:** Your PHI may be used to send you education information on treatments and management of your medical condition, information describing other health related products and services, and appointment reminders.
- **Business Associates:** A few services provided by us require a contracted associate. To protect your PHI, we require the business associates to have a contract with us to appropriately safeguard your information.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose health information about you as required by military authorities.
- **Individuals Involved in Your Case:** We may release PHI to persons involved in your care or who help pay for your care. We only disclose information necessary for their involvement in your treatment and care, to notify of your location, or your general condition or death.

Public Health and Safety

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the social work licensing board of health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- Other uses and disclosures of PHI not covered above in this notice or by law that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your authorization, and that we are required to retain for our records.

Your Rights Regarding Your PHI

Although your health record is the property of this facility, the information belongs to you. You have the following rights regarding your health record.

- Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location.
- Right to Request Restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request.**
- Right to Inspect and Receive a Copy of your PHI: You have the right to inspect and obtain a copy of the PHI. You must make the request in person or in writing to the Office Manager, in order to inspect and/or obtain a copy of your PHI. We may deny your request to inspect and/or copy in certain limited circumstances: however, we must provide a reason for our denial. There may be a fee for the cost of copying, mailing or other supplies necessary.
- Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of certain **non-routine disclosures** the Practice has made of your PHI for non-treatment or operations purposes. All requests for an accounting of disclosures must state a time period, which may not be longer than 6 years from the date of disclosure and may not include dates before April 14, 2003. The request should indicate in what form you want the list (paper or electronic).
- Right to Amend: You may ask us to amend your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to the Practice Manager. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the Practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by the Practice.
- Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this Notice upon request.
- Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint in writing with our Privacy Officer, Sandra Cherry, or with the Secretary of the Department

of Health and Human Services office for Civil Rights (202-619-0257). You will not be penalized for filing a complaint.

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health 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 the Facility.