

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. If you have any questions, please contact our privacy office at the address or phone number at the bottom of this notice.

Who will follow this notice?

ProActive Orthopedic and Sports Physical Therapy, LLC. and Canby Physical Therapy provides health care to our patients in partnership with other professional and health care organizations. The information privacy practices in this notice will be followed by:

- All ProActive Employees and any healthcare professional authorized to enter information into your medical records

Our pledge to you:

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by any of the separate facilities and providers described above. We are required by law to:

- Keep medical information about you 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 health information about you:

For Treatment- We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For Payment- We may need to disclose health information about you in order to bill your health plan or insurance company or other third party for your treatment in this clinic. We may also need to tell your health plan or insurance company about a treatment you are going to receive in order to obtain prior approval, or to determine whether your plan will pay for the treatment.

For Health Care Operations- We may use and disclose your medical information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use your medical information to evaluate the quality and competence of our staff. We may disclose your medical information to our facility administrator in order to resolve any complaints you may have and ensure that you have a comfortable visit with us. We may disclose your health information to other providers or to health plans for their own healthcare operations as allowed by law. We may also disclose information to accreditation agencies for purposes of evaluating our facilities.

Appointment Reminders- We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care or services.

Treatment Alternatives- We may tell you about or recommend possible treatment options or alternatives that may interest you.

Health-Related Benefits and Services- We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

****Please notify us if you do not wish to be contacted for appointment reminders, or if you not wish to receive communications about treatment alternatives or health-related products and services.**

Other Circumstances:

- We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give our medical information about you, without prior authorization for: **public health purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, workers' compensation purposes, emergencies, national securities and other specialized government functions, and for members of the Armed Forces as required by Military Command authorities.** We also disclose medical information when required by law, such as in response to a request from **law enforcement** in specific circumstances, or in response to valid judicial or administrative orders or other **legal process.**
- We may disclose medical information about you to a friend or family member who you designate or in appropriate circumstances, unless you request a

restriction. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (due to your incapacity or medical emergency), we may, using our professional judgment, inform a family member or friend of your condition. In that situation, we will disclose only health information relevant to the person's involvement in your care.

- We may disclose health information about a minor child equally to the custodial and non-custodial parent unless a court order limits the non-custodial parent's access to the information.

Other uses of Medical Information:

- In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Right to Access and or Amend Your Records:

- In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for the amendment. We could deny your request to amend a record if the information is not maintained by us; or if we determine that your record is accurate. You may submit a written statement of disagreement with a decision by us not to amend a record.

Right to an Accounting:

- You have the right to request a list notifying you of any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and healthcare operations, circumstances in which you have specifically authorized such disclosure, and certain other exceptions.
- To request this list of disclosures, indicate the relevant period, which must be after April 14, 2003, but in no event for more than the last six years. You must submit your request in writing to the Privacy Office listed below.

Right to Request Restrictions:

- You may request, in writing, that we not use or disclose medication information about you for treatment, payment or healthcare cooperation or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request and work to accommodate it when possible, but we are not legally required to accept it. We will inform you of our decision on your request. (All written requests or appeals should be submitted to the Privacy Office listed below).

Requests for Confidential Communications:

- You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

Right to Request a Paper Copy of this Notice:

- You may receive a paper copy of this Notice from us upon request, even if you have agreed to receive this notice electronically.

Changes to this Notice:

- We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, and on our website.

Complaints:

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact the Privacy Office listed below.
- If you are not satisfied with your response, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Privacy Office

***ProActive Physical Therapy
HIPAA Privacy Officer
1902 SW 9th Ave. Ste. 114
Battle Ground, WA 98604
Phone: 360.723.0797 Fax: 360.723.0792***