

# NOTICE OF PRIVACY PRACTICES

## ACTIVE PHYSICAL THERAPY

3594 West Plumb Lane, Suite B. Reno, NV 89509

### 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 carefully.

If you have any questions about this notice please contact: our Privacy Contact who is: Gia Butera

This notice describes your rights as a patient to access and control your medical records also known as protected health information or PHI. This notice also describes our privacy practices and legal duties concerning how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by both state and federal law. Our office and staff will follow the privacy practices that are described in the Notice while it is in effect. When new regulations are created, we will update this Notice. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

Upon your request, we will provide you with any revised Notice of Privacy Practices by either calling our office or asking for one at the time of your next appointment. You may request a copy of our Notice at any time.

### Uses and Disclosures of Protected Health Information

Your protected health information may be used for treatment, payment, and health care operations. The following are examples of the uses and disclosures:

**Treatment:** We will use and disclose your protected health information to a physician or other health care entity providing treatment to you. For example; we may provide your protected health information to a physician with whom you have been referred to in order to diagnose or treat you.

**Payment:** We may use and disclose your protected health information, as needed, to obtain payment for your health care services. For example; we may include certain activities that your health insurance plan may undertake before it approves or pays for health care services rendered.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in connection with our health care operations. This may include quality assessment activities, employee review activities and training, certification, accreditation, and licensing. For example; we may call you by name when the physical therapist is ready to see you and we may contact you to remind you of your appointment.

Aside from using and disclosing your protected health information for Treatment, Payment, or Health Care Operations, you may give us **Authorization** to use or disclose your health information to anyone for any purpose. At any time in writing, you may revoke your authorization. If you don't give us **Authorization**, we cannot use or disclose your protected health information for any other reason except for treatment, payment and health care operations.

**Family and Friends:** If you agree, we may disclose your protected health information to a family member, friend or other person to the extent the Privacy Rule allows, defined in this Notice.

**Other Persons Involved in Care:** Unless you object, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Additionally, using our professional judgement, we may allow a person to pick up your medical supplies, x-rays, or other similar forms of health information. In case of an emergency, we may use or disclose your protected health information that is directly relevant to the person's involvement in your health care.

**Marketing:** Our office will not use your protected health information for marketing purposes without your prior written authorization except for a face-to-face encounter or a communication involving a promotional gift of nominal value.

**The Law:** Our office will use or disclose your protected health information if and when either state or federal law requires it. If requested, you will be notified of any such uses or disclosures.

**Other Uses or Disclosures of Your Protected Health Information:** If we reasonably believe that you are a victim of abuse, neglect, domestic violence, or other crimes, we may disclose your protected health information to the proper authorities. We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may disclose your protected health information to comply with workers' compensation laws and other similar legally-established programs. We may disclose your health information to military authorities of the Armed Forces if applicable. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual, or in response to a subpoena, discovery request or lawful process. We may also disclose your protected health information to researchers when an institutional review board has approved their research. We may also use or disclose your health information to provide you with appointment reminders.

#### **Your Individual Rights**

**Access:** By written request, you have the right to inspect or receive a copy of your protected health information in part or in full. We will charge you \$ \_\_\_\_\_ for each page and \$ \_\_\_\_\_ per hour for staff time plus any postage fee if applicable. If you request an alternative format for copies, we will charge you a reasonable cost-based fee for providing your health information in that format. Please feel free to contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Under federal law, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed.

**Amendment:** You have the right to request and amendment of your protected health information. This request must be in writing and must explain the reason for such an amendment. We may deny your request under certain circumstances.

**Disclosure Accounting:** you have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information, other than that for treatment, payment, and health care operation. You have the right to receive specific information regarding these disclosures for up to 6 years that occurred after April 14, 2003.

**Restrictions:** You have the right to request restrictions on certain uses or disclosures of your protected health information, however, we are not required to agree to a restriction that you may request. If we do agree to your request, we will abide by our agreement unless of an emergency.

**Alternative Communication/Location:** By written request, you have the right to receive confidential communications from us by alternative means or at an alternative location. We will not request an explanation from you as to the basis for the request; however, we may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

**Electronic Notice:** If you agree to receive this notice electronically, you may request a paper copy.

**Complaints:** If you believe that your privacy rights have been violated, you may file a written complaint with either our office by using the contact information listed below, or with the U.S. Department of Health and Human Services. If you do choose to file a complaint, we will not retaliate in any way.

We support your right to the privacy of your health information. If you would like more information about our privacy practices or have questions or concerns please feel free to contact us.

Contact/Privacy Office \_\_\_\_\_ Gia Butera

Telephone: (775)-786-2400

Address: 3594 West Plumb Lane, Suite B. Reno, NV 89509

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

## ACTIVE PHYSICAL THERAPY

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### **\*YOU MAY REFUSE TO SIGN THIS FORM\***

By signing below, I am stating that I have received a copy of this office's Notice of Privacy Practices:

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

An attempt to obtain written acknowledgment of Receipt of our Notice of Privacy Practices was attempted, however, acknowledgment could not obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us for obtaining acknowledgement
- ☐ Other:

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