



**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.**

### **Notice of Privacy Practices**

**Effective Date: December 1, 2004**

**What patients should know about their medical information.**

### **Why are you receiving this notice?**

The Health Insurance Portability and Accountability Act's Privacy Rule (HIPAA) is a regulation that requires United Physical Therapy to: 1) make sure medical information is kept private; 2) give you this notice of our legal duties and privacy practices with respect to your medical information; and 3) follow the terms of notice that are currently in effect.

### **What is your medical information?**

Your medical information is any health information that can be used to identify you. It is information that is needed to provide health-care services or to obtain payment for those services.

### **How does United Physical Therapy, LLC, use and disclose your medical information?**

- 1) We may disclose your medical information to your referring physicians or your primary care physicians. We may disclose your

medical information to people providing care in coordination with your physical therapy such as an orthotist or prosthetist.

- 2) To obtain payment for our services. We may use and disclose your medical information so that we can collect payment from you, an insurance company or third party (including collection agencies) for the services you receive. We may also tell your health plan about physical therapy services that you are going to receive to obtain pre-authorization.
- 3) To send you appointment reminders
- 4) To you at your request unless denial of access is required or permitted by law.
- 5) To friend or family member involved in your care or to someone who helps pay for your care
- 6) To entities as required by workers' compensation laws
- 7) To health oversight agencies for activities authorized by law
- 8) To report child abuse or elder abuse/neglect
- 9) To an officer of the court or attorney in response to a court order or subpoena
- 10) To others as required by federal, state or local law

In all other situations, except for incidental disclosure (i.e. calling out your name in a waiting room), we may only share information with your specific written

authorization. You may revoke that authorization at any time. If you revoke your permission, we will no longer use or disclose your medical information for reasons covered by the authorization. Of course, we are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

### **What are your rights under HIPPA?**

- 1) You have a right to inspect, copy and request amendments to your medical information (as permitted by law). There may be a charge for copies.
- 2) You have a right to request restrictions or limitations on the medical information that we disclose about you and a right to confidential communications (i.e. that we contact you only in a certain manner or location). We will not ask the reason for your request. We are not required to agree to any particular request, but will do our best to work with you.
- 3) You have a right to request how we have shared your medical information (Accounting of Disclosures).
- 4) You have a right to a copy of this notice.
- 5) You have a right to complain if you believe your privacy rights have been violated. You may notify us in writing or file a complaint with the Secretary of the Department of Health and Human Services.