

Cynergy Physical Therapy

HIPAA – PRIVACY ACT INFORMATION

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.

The privacy of all medical records and other individually identifiable health information must be protected at all times. Information relating to a patient's health care history, diagnosis, condition, treatment, or evaluation shall be considered individually identifiable health information. Confidentiality of this health information must be maintained at all times, and may only be disclosed with the express written consent of the patient. Non-individually identifiable health information, (e.g. health information that cannot be linked to a specific patient) is not included within the definition of protected health information.

We reserve the right to change our practices and to make the new provisions effective for all your health information that we maintain.

Patient information can be used or disclosed only for purposes of health care treatment, payment, and operations. Health information cannot be used for purposes not related to health care without explicit authorization from the patient.

Treatment includes the disclosure of health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians, health students, and other physical therapists. For example, your protected health information may be provided to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose and treat you.

Payment includes the disclosure of health information to your insurance company or other sources of coverage such as automobile insurer.

Health Care Operations We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with other facilities and to see where we can make improvements. Also, we will share your health information with third party business associates that perform various activities such as billing for our practice. We will always have a written contract between ourselves and business associates protecting the privacy of your health information.

The provider shall not publish or otherwise make generally available any information or

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data that identifies a patient for purposes other than treatment, payment or other health care operations, without his or her express written consent.

The following special circumstances may require us to use or disclose your health information:

1. We will disclose health information about you when required to do so by federal, state, or local law.
2. If you are a member of the US or foreign military forces and if required by the appropriate authorities.
3. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
4. To public health authorities and health oversight agencies that are authorized by law to collect information.
5. Lawsuits and similar proceedings in response to a court or administrative order.
6. To Federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. Other special Uses: Our practice may use your PHI to send you an appointment reminder, to inform you of our other health-related products and services. We may leave a message on your answering machine/voicemail system/email unless you tell us not to.

Individual Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Please contact our HIPAA privacy officer if you have questions about access to your medical record.

Physical Therapy Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, IMPT reserves the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most

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recently revised notice during any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting IMPT. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

We encourage you to express any concerns you may have regarding the privacy of your information. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

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You also have the right to express complaints to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date: This Notice is effective on or after January 1, 2019.

All individually identifiable health information shall be maintained by the provider in a confidential manner that prevents unauthorized or inadvertent disclosure to third parties.

Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law.

I have read this form and understand my rights to privacy as a patient. By signing below, I acknowledge that I have read and accept all of the above.

Patient/Guardian Name (PRINT): _____

Patient/Guardian Name (SIGNATURE): _____

Date: _____

Consent to Physical Therapy Services Without A Referral

In order for Cynergy Physical Therapy to provide a patient with physical therapy services without a written or oral referral from a doctor of medicine, chiropractic, dentistry, podiatry, or doctor of osteopathic medicine, the patient must provide informed consent. To acknowledge your informed consent and to receive "direct access services," please sign below.

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I, _____, (print name) choose direct access to physical therapy services and forgo the right to have a licensed doctor of medicine, chiropractic, dentistry, podiatry, or doctor of osteopathic medicine informed of the initiation of physical therapy treatment and ongoing treatments thereafter.

Patient/Guardian Name (SIGNATURE): _____