



## AC Physical Therapy

### AC Physical Therapy PC, LLC Notice of Privacy Practices (NPP) Revised 9/23/2013

A federal regulation, known as the "HIPAA Privacy Rule", requires that we provide a detailed Notice of Privacy Practices in writing. The HIPAA Privacy Rule (HPR) requires us to address the many specific items addressed in this notice.

AC Physical Therapy is committed to maintaining privacy of your individual protected health information (PHI) as regulated by the United States government. This notice describes how medical information about you may be used and disclosed and how you can access and/or restrict portions of this information. Please review it carefully.

This office will not disclose your PHI for marketing purposes or disclosures that constitute a sale of PHI unless we obtain an advance written authorization from you to do so.

It is not normal procedure for this office to contact you with fundraising or marketing communications. If we find the need to do so, we will obtain advance authorization from you to forward these communications. You will, at all times, have the opportunity to opt-out of receiving any further communications and you will be given clear and direct instructions on how to do so.

#### Our commitment to protecting health information about you.

In this notice, we describe the ways that we may use and disclose health information about our patients. The HPR requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" (PHI). This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI.

We are required by law to:

- Maintain the privacy of PHI about you. Individually identifiable health information of a person deceased more than 50 years is not considered PHI and therefore not subject to restrictions on its use and disclosure under the Privacy Rule.
- Give you this Notice of our legal duties and privacy practices with respect to PHI
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

**We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may currently have about you. When this Notice is changed, this office will post the revised NPP and make copies available to all new patients and anyone who desires the complete copy, and, it shall be available without having to request it.**

#### How we may use and disclose protected health information about you.

##### Uses and disclosures for treatment, payment, and health care operations.

The following categories describe the different ways we may use and disclose PHI for treatment, payment or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

**Treatment.** We may use and disclose PHI about you to provide, coordinate and manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may send a report about your care to another health care provider who may treat you. This office makes every effort to maintain and keep your information private and secure but we cannot guarantee complete privacy with unencrypted communications such as e-mail, fax, or text.

**Payment.** We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage.

**Health Care Operations.** We may use and disclose PHI in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency and cost of care that we provide our patients. For example, we may use PHI about you to develop ways to assist our therapists and staff in improvements in our services.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care that we provide.
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one of our staff may become certified as having expertise in a specific field of care.
- Cooperating with various people who review our activities. For example, PHI may be seen by Doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our practice's future operations in order to best meet the needs of our community.
- Business planning and development, such as cost-management analyses.
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HPR and other legal requirements.

**Communication from our office** We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. If you request appointment reminders by e-mail, you accept the risk of unencrypted information being sent from this office to you. Please notify this office of any restrictions to your contact information in writing and outlining the details of the restrictions. We will make every effort to comply with any reasonable request.

#### **Other use and disclosures we can make without your written authorization**

**Uses and Disclosures for which you have the opportunity to agree or object.** We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of your PHI. If you do not object, then we may make these types of uses and disclosures of PHI.

**Individuals involved in your care or payment for your care.** We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. We may make relevant disclosures to a deceased's family and friends under the same circumstances such disclosures are permitted when the patient is alive unless doing so is inconsistent with any prior expressed preference of the individual that is known to us. If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, we may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment. We may also use and disclose PHI to notify such persons of your location, general condition, or death. We may also coordinate with disaster relief agencies to make this type of notification.

#### **Other uses and disclosures we can make without your written authorization or opportunity to agree or object.**

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

**Required by law.** We may use and disclose PHI as required by federal, state, or local law. Disclosures complying with the law are limited to the requirements dictated by the law.

**Public Health Activities.** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities;

- To prevent or control disease, injury, or disability
- To report disease, injury, birth, or death
- To report child abuse or neglect
- To report reactions to medications or problems with products or devices regulated by the Federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA regulated products or activities
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease
- To report to your employer, under limited conditions, information related to primarily to workplace injuries or illness, or workplace medical surveillance.

**Abuse, Neglect, or Domestic Violence.** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient is a victim of domestic violence, abuse, or neglect.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

**Lawsuits and Other Legal Proceedings.** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal processes when efforts have been made to advise you of the request or to obtain an order protecting the information requested. Law enforcement. Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim, if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency
- To alert law enforcement of a death that we suspect was the result of criminal conduct
- Required by law
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About a crime or suspected crime committed at our office
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime

**Research.** We may use and disclose PHI about you for research purposed under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situation where a research project meets specific, detailed criteria established by HPR to ensure the privacy of PHI.

**To avert a serious threat to health or safety.** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

**Specialized government functions.** Under certain circumstances we may disclose PHI

- For certain military and veteran activities, including determination of eligibility for Veteran's benefits and where deemed necessary by military command authorities
- For national security and intelligence activities
- To help provide protective services for the president and others

**Disclosures required by HIPAA Privacy Rules.** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HPR. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (those requests are described in Section III of this Notice).

**Other uses and disclosures of protected health information require your authorization.** We may disclose PHI as authorized by worker's compensation laws or other similar programs that provide benefits for work-related injuries or illnesses. All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

### Your rights regarding protected health information about you

Under federal law, you have the following rights regarding PHI about you:

**Right to request restrictions.** You have the right to request and receive restriction of certain disclosures of PHI to a health plan regarding a health care item or service if you, or someone on your behalf, pays for the health care item or service **in full** and **out of pocket**. You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care who otherwise are permitted by the HPR. *We are not required to agree with these additional restrictions.* If we do agree with your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information you want to restrict; (2) how you want to restrict the information, for example, restricting use to this office only, only restricting disclosure to persons outside this office, or restricting both); (3) to whom you want those restrictions to apply.

**Right to receive confidential communications.** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at the office. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted, for example, by regular mail to your post office box and not your home. We are required to accommodate *reasonable* requests.

**Right to inspect and copy.** You have the right to request the opportunity to inspect certain records we maintain about you and receive your PHI and medical billing information in an electronic form and format. We will supply the requested PHI in the requested format if it is "readily reproducible" in that format. If it is not "readily reproducible", we will provide the records in another mutually-agreeable format. Hard copies are permitted only when you reject all readily reproducible e-formats. If you do not pick up your records in person, the records can be sent by hard copy, e-mail, cd, or fax. If you request the PHI be provided in one of these formats you are aware of, and willing to accept, the risk that your information is being sent unencrypted and at-risk. We may require that you sign a pre-release authorization if you are not picking up the PHI personally. We will meet these requests within 30 days of their receipt and are permitted one 30 day extension when you are notified in writing. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

**Right to amend.** You have the right to request that we amend the PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

**Right to receive an accounting of disclosures.** You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *other than* disclosures made; for treatment, payment and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; or for certain notification purposes including national security, intelligence, correctional and law enforcement purposes; and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a twelve month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same twelve month period. We will tell you about these costs, and you may choose to cancel your request at any time before cost is incurred.

**Right to a paper copy of this notice.** You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. Copies of this notice are available in a prominent place in our office or you can obtain a paper copy of this Notice by contacting our Privacy Official listed on the last page of this Notice.

**You have the right to be notified of a breach** of your unsecured PHI within sixty (60) calendar days from discovery of the breach except for circumstances involving delay requested by law enforcement. This breach notification is assumed reportable unless, after completing a risk analysis, it is determined that there is a "low probability of PHI compromise".

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

### Questions

If you have questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

### Privacy official contact information

You may contact our Privacy Official at the following address and phone number: Charlene Bossard, Privacy Official, AC Physical Therapy 4045 Wadsworth Blvd Suite 10 Wheat Ridge Colorado 80033 or by calling 303-940-1611.

This notice was published and first became effective on September 3, 2007.

This notice was revised as required by law on September 23, 2013.