

## 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

The health Insurance Portability & Accountability Act of 1996 (“HIPPA”) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper , or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPPA” provides penalties for covered entities that misuse personal health information.

As required by “HIPPA”, we have prepared this explanation of how we are required to maintain the privacy of your health information a how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes:

- Treatment
- Payment
- Healthcare Operations

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you , to pay your health care bills, to support the operation of the physician’s practice, and any other use required by law.

~**Treatment** means providing, coordination, or managing health care and related services by one or more health care providers. And example would be: the treating therapist or teacher sends written paper work which may include evaluations, cline notes, letters, treatment plans to your referring physician or referral sources. This may also include the above paperwork being sent to your insurance company or payment provider and may include our Office Staff filing your paperwork and taking care of the mailing.

~**Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities. And utilization review. And example of this would be sending a bill for your visit to your insurance company for payment, this may include but not be limited to treatment plans, clients notes, evaluations and letters.

~**Healthcare Operations** means we may use or disclose, as needed, your protected health information in order to support the business activities of your physician’s practice. The activities include, but are not limited to, quality assessment activities. Employee review activities, training of physical therapy students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to physical therapy student that see clients in our office. We may call you by name in the waiting room when it is time for your appointment. We may use your protected health information, as necessary, to contact you to remind of your appointment.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. This contact may be by phone, mail, fax, or email.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the office staff of Cindy Miles and Associates:

~ The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

~ The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

~ The right to inspect and copy your protected health information. We have the right to charge for this information.

~ The right to amend your protected health information.

~ The right to receive accounting disclosures of protected health information.

~ The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of \_\_\_\_\_, 20\_\_ and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notices of Privacy practices and to make the new notice provisions effective for all protected health information that we maintain. We will post this notices and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice of the policies and procedures of our office.. We will not retaliate against you for filing a complaint.

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

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