

## ATLAS PHYSICAL THERAPY & SPORTS MEDICINE 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.

If you have any questions about this notice, please contact one of our Privacy Officers; Donna Ward or Cathy Padgett.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out your treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" or "PHI" is information about you, including demographic information that may identify you and that is related to your past, present or future physical or mental health and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms at any time. The new notice will be effective for all protected health information that we maintain at this time. We will post our current notice in our waiting room in a visible location. You may obtain a copy by asking any staff member of Atlas Physical Therapy or by calling us at 573-642-8541.

### 1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Uses and Disclosures to carry out treatment, payment or health care operations:

Your PHI may be used and disclosed by your healthcare provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed to pay health care bills to support the operation of the practice.

The following are examples of types of uses and disclosure of your PHI that the office may disclose. These examples are not meant to be exhaustive, but to describe the types of uses and disclosure that may occur.

**TREATMENT:** Our office will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your PHI as necessary to a physician's office as needed for additional therapy.

**PAYMENT:** Your PHI will be used as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services. We recommend for you that you understand the decisions that your insurance company has to make determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For examples knowing if your insurance company requires precertification before having physical therapy or obtain a referral for physical therapy.

**HEALTHCARE OPERATIONS:** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include but are not limited to: quality assessment activities, training of students, licensing or conducting or arranging business activities.

For example: we may disclose your PHI to our Physical Therapy and our Physical Therapist Assistant students. **In addition, we will us a sign-in sheet at the registration desk where you will be asked to sign your name and time of check-in. We may also call your name when the therapist is ready to see you. We may use or disclose your PHI as necessary to contact you to remind you of your appointment via a recorded phone message.**

We will share your PHI with third party "business associates" that perform various activities (e.g. billing services)

for our practice. Whenever an arrangement between our office and a business associate that involves the use or disclosure of your PHI occurs, we will have a written contract that contains terms that will protect the privacy of your PHI.

#### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI) BASED UPON YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing, except to the extent that our practice has already taken an action in reliance on the use of disclosure indicated in the authorization.

#### **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURE THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your health care provider may, using professional judgement, determine whether the disclosure is in the best interest. IN this case, only the PHI that is relevant to your health care will be disclosed.

#### **OTHERS INVOLVED IN YOUR HEALTHCARE**

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, a personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

#### **EMERGENCIES**

We may use or disclose your PHI in an emergency treatment situation. If this happens, your health care provider shall try to obtain your consent as soon as reasonably possible after the delivery of treatment. If your health care provider or another health care provider in the practice is required by law to treat you and the health care provider attempted to obtain your consent, but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

#### **COMMUNICATION BARRIERS**

We may use and disclose your PHI if your health care provider attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the health care provider determines using professional judgement that you intend to consent to use or disclosure under the circumstances.

#### **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. You will be notified, as required by law, of any such uses of disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or review the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is in collaboration with the public health authority.

**Communicable Disease:** We may disclose your PHI, if authorized by law, to a person(s) who may have been exposed to communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law such as audits investigations and inspections. Oversight agencies seeking this information include government agencies that oversee healthcare systems, government benefit programs and other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** You may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects, problems, biologic product deviations, track products to enable product recalls; to make repairs or replacements or to conduct post marketing surveillance as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to subpoena, discovery requests, or other lawful process.

**Law Enforcement:** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include

1. Legal Processes
2. Limited information requests for identification and location purposes
3. Pertaining to a victim of a crime
4. Suspicion that death has occurred as a result of criminal conduct
5. In the event that a crime occurs on the premises of the practice
6. Medical emergency (not on Atlas' premises) and it is likely that a crime has occurred

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel

1. For activities deemed necessary by appropriate military command authorities
2. For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits
3. To foreign military authority if you are a member of that foreign military service.

We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President and other legally authorized.

**Worker's Compensation:** Your PHI may be disclosed by use as authorized to comply with worker's compensation laws and other similarly legally established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your healthcare provider created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosure to you and when required by the Secretary of Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

## 2. YOUR RIGHTS

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of PHI about you and that is contained in designated records set aside for as long as we maintain the PHI. A "designated records set" contains medical and billing records and any other records that your health care provider and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation or, or use in, a civil, criminal or administrative action or proceeding and protected health information that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Officers if you have any questions about access to your medical records.

**You have the right to require a restriction of your protected health information.** This means you may ask us not to disclose any part of your PHI for the purposes of treatment, payments or healthcare operations. You may also request that any part of your PHI no be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions and to whom you want the restrictions to apply.

**Your healthcare providers are not required to agree to restrict what you may request.** If the healthcare providers believe it is in your best interest to permit use and disclosure of any part of your PHI, it will not be restricted. If your healthcare provider agrees to a requested restriction, we may not use or disclose PHI in violation of the restriction, except to provide emergency treatment. Please discuss any restriction you wish to request with your therapist. If your therapist is unavailable, please contact our Privacy Officers for assistance in making your request. You may request a restriction by written or verbal request one of the above individuals.

**You have the right to request to receive confidential communication from us by alternative means or at alternative locations.** We will accommodate reasonable requests. We may also 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. We will not request an explanation from you as to the basis for the request. Please make this request in writing for one of our Privacy Officers.

**You have the right to have your health care provider amend your PHI.** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officers if you have any questions about amending your medical record.

**You have the right to receive an account of certain disclosure we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operation as described in the "Notice of Privacy Practices". It excludes disclosures we have made to you, to family members, or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after March 1, 2003 up to a six-year timeframe. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us, upon request, even** if you have agreed to accept this notice electronically.

### **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights by us. You may file the complaint by notifying our Privacy Officers of your complaints. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officers Cathy Padgett at 573-642-8541 or Donna Ward at 573-204-1864. You may also write to us at Atlas Physical Therapy & Sports Medicine, 850 Hospital Drive, Suite H, Fulton, MO 65251.

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