

*Insight Physical Therapy and Yoga* is committed to protecting the privacy of our clients. This notice describes how your protected medical information may be used as well as your rights in relation to this information.

It is required by law to maintain the privacy of all protected health information and to make this notice available explaining our practices with regard to that information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information disclosed in any form, whether electronically, on paper, or orally be kept confidential. This federal law gives you, the patient, rights to understand and control how your health information is used.

Protected Health Information (PHI) is information that individually identifies you as well as that we create or get from you and other health care providers, health plans or your employer. This information is related to your physical health conditions, the provision of health care to you, and the payment of your health care.

**I am permitted to use and disclose your health care records for the purposes of treatment, payment, and health care operations without specific written authorization.**

1. **Treatment:** Includes providing, coordinating or managing health care and related services among health care providers, by health care providers with a third party, consultations between health care providers regarding a patient, or the referral of a patient by one health care provider to another.
2. **Payment:** Includes the various activities of health care providers and billing services to obtain payment or reimbursement for services rendered. This includes determining eligibility or coverage under a plan, adjudicating claims, billing and collection activities and justification of charges, and the release of any and all medical information to the insurance company per their request in order for your health insurance company to agree to pay for that treatment.
3. **Healthcare Operations:** Includes administrative, financial, legal, and quality improvement activities necessary to run a physical therapy business. Specifically, these include:
  - \* **Appointment Reminders:** Your PHI may be used to contact you about appointments.
  - \* **Minors:** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
  - \* **As Required By Law:** We will disclose your PHI when required to do so by law.
  - \* **Business Associates:** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
  - \* **Worker's Compensation:** We may use or disclose PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.
  - \* **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
  - \* **Abuse, Neglect or Domestic Violence:** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
  - \* **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
  - \* **In the case of emergency or incapacity.** I will use my professional judgement in disclosing only the PHI necessary to facilitate needed care.

**Use and Disclosure that Requires Your Authorization**

Other than the uses and disclosures described above, we will not use or disclose your PHI without your written authorization. If you provide us with written authorization, you may revoke that authorization at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation.

**You have certain rights regarding your protected health information:**

1. **The right to request restricted use.** You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when specifically authorized by you, when required by law, or in emergency circumstances. The right to request restrictions on certain uses and disclosures of PHI including those related to disclosures to family or any other persons. We are not legally required to agree to your request. If you make your written request to Insight Physical Therapy and Yoga, you will be provided with written notice of the decision regarding your request.
2. **The right to receive confidential communications.** You have the right to request that we communicate with you about health matters in a particular way or at a certain location. For example, you can ask that we only contact you at home or by email. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
3. **The right to inspect and receive copies.** You have the right to look at or order a copy of your PHI. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the request reviewed by a licensed health care professional. We will comply with the outcome of that review
4. **The right to a summary or explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI, which has been provided to you, so long as you agree to the alternative form and pay the associated fees.
5. **Notice of a breach.** In the event of a breach of your PHI, you have the right to be notified.
6. **Out-of-pocket payments.** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed a health plan for purposes of payment or health care operations, and we will honor that request.
7. **The right to request an amendment to your records.** If you believe that information in your record is incorrect or missing, you have the right to request in writing that we correct the existing information. In your request for the amendment you must give a reason. We are not required to amend your record, but a copy of your request will be added to your record if you direct us to file it.
8. **The right to know about disclosures.** You have the right to receive a list of instances when we have disclosed your PHI except in certain instances, such as disclosures for treatment, payment, or health care operations or when you have authorized the disclosure. Your first accounting of disclosures in a year is free of charge. Each additional request within the same calendar year will require a processing fee.
9. **The right to make complaints.** If you are concerned that we have violated your privacy, or you disagree with a decision made about access to your records, you may file a complaint with Insight Physical Therapy and Yoga. You may also contact the US Department of Health and Human Services:

Office for Civil Rights

US Department of Health and Human Services

2201 6th Avenue - Mail Stop RX - 11

Seattle, WA 98121

(206) 615-2290; (206) 615-2296 (TDD)

(206) 615-2297 Fax

**We are committed to protecting your privacy.** We reserve the right to change or update the privacy policies and will hold the revised policies effective for PHI we already have as well as information we may receive in the future. You may request a copy of the current Notice in effect from our office.