

Advanced Physical Therapy Center

Notice of Health Information Practices

Effective Date: 09/23/2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you begin physical therapy treatment at our clinic, a record is made of this encounter. Typically, this record contains medical information from your referring physician, the prescription and other information that you provide to us. In this "Notice of Health Information Practices," we shall refer to the information contained in your records as your "protected health information" (PHI) as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Your Health Information Rights, within the limits provided by federal and state laws, you have the right to:

- Request restrictions on certain uses and disclosures of your health information. APTC is not required to agree to a requested restriction except to a health plan if you have paid in full for your services out of pocket;
- Receive confidential communications of your health information. You may request that we communicate with you about your health information by alternative means or at an alternative location;
- Inspect and obtain a copy of your health information, except with regard to psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings. We may require you to pay for this request to cover our costs of copying, labor and postage. We store some of your health information in electronic computer files. We backup our electronic records and employ other precautions to safeguard the integrity of your health information. You may request that your records be delivered in an electronic format as agreed upon.
- Request an amendment to your health information that we have created, except with regard to those portions or your health information that you are precluded from inspecting and copying as set forth above;
- Obtain an accounting of certain disclosures of your health information; and
- Receive notification if a breach of privacy involving your protected health information occurred or if there is more than a low probability that a breach occurred
- Receive a paper copy of this Notice in addition to any electronic copy you may receive.

You may exercise any of the above rights by submitting a written signed letter, detailing your request and mailing or delivering the letter to our clinic. However, we encourage you to call first so that we can help you be as specific as possible with your request. We will promptly provide you with any forms that need to be completed to process your request.

Advanced Physical Therapy Center is required by law to:

- Maintain the privacy of your protected health information and provide you with this notice of our duties and privacy practices with respect to health information we collect and maintain about you; and to notify you should a breach of privacy of your PHI occur.
- Abide by the terms of this notice, currently in effect.
- Notify you if we are unable to honor your request to restrict a use or disclosure of, or to amend, your health information; and
- Accommodate reasonable requests you may have to communicate your health information by alternative means or at alternative locations.

APTC reserves the right to change the terms of this notice. Any amended notice will, as of the effective date, be effective for all PHI maintained by APTC. Should our privacy practices change, we will post a copy of the revised Notice in our clinic, which indicates the effective date of the amended Notice. A paper copy of the revised notice will be made available at each front desk by request. A current copy of the Notice will also be made available on our website.

The following are examples of uses and disclosures of your health information which are permitted by law without authorization:

- We will use your health information for treatment. Health information obtained by our staff from you or one of your health care providers, may be recorded in our medical records to assist our staff in your diagnosis and treatment. We may use this information for many treatment reasons, including, but not limited to, verifying coverage for durable medical equipment or to discuss alternative treatment.
- We will use your health information for payment. Your health insurer may require certain information about your condition and/or the prescriptions of referral to our clinic, before payment will be made, or for pre-authorization purposes. Accordingly, for billing purposes, we may disclose your health information to your health plan or health insurer.
- We may use your health information for regular health care operations. Members of our staff may review health information in your record in order to assess the care and progress of your physical therapy treatment. This information will then be used in an effort to continually improve the quality and effectiveness of our services.
- Business Associates. Certain of our business operations may be performed by other businesses. We refer to these companies as “business associates”. In order for these business associates to perform the required service (billing, accounting, etc.), we may need to disclose your health information to them so that they can perform their job for us. To protect you, we require our business associates to appropriately safeguard your health information.
- Communication with Persons Involved in Your Care. We may disclose your health information that is directly relevant to your care to individuals you wish to receive such information, including family members, relatives, close personal friends, or other persons you identify. Before we do so, we will ask you, and follow your instructions, as to whether or not to make the disclosures. If you are incapacitated, or involved in an emergency, we may use or make disclosures of your health information that we believe in our professional judgment are in your best interests, but only to the extent that such health information is directly relevant to the recipient’s involvement in your care.
- Appointments and Services. We may contact you to provide appointment reminders or information about your treatment or other health related benefits and services that may be of interest to you. We may also contact you to complete surveys regarding your treatment at our facility.

Advanced Physical Therapy Center will use and disclose your health information when we are required to do so by federal, state or local law. The following are examples of such instances: to public health authorities to prevent or control disease/injury/disability, to law enforcement/public health official to report reasonably believed instances of child abuse/neglect or abuse/neglect/domestic violence upon an adult, to an employer if APTC is contracted by said employer to provide services for its employees, in the course of any judicial proceeding, to coroners/medical examiners/funeral directors in the capacity necessary to fulfill their duties, the use/disclosure is necessary to prevent/lessen a serious imminent threat to the health/safety of a person/public, to certain military officials if necessary to execute a mission, and to comply with workers’ compensation law.

The following are examples of uses and disclosures of your health information which are permitted by law with your authorization:

- The use or disclosure of psychotherapy notes (note: APTC does not create or maintain psychotherapy notes).
- The use or disclosure of protected health information for marketing purposes
- The sale of protected health information (note: APTC does not sell protected health information)

Any other use or disclosure not listed previously in this notice will require APTC to obtain a written authorization from you. Any authorization you provide may be revoked at any time.

If you believe that we have violated any of your privacy rights, you may file a written complaint with our Privacy Officer. Mail your written complaint to Advanced Physical Therapy Center, 10809 S. Saginaw Street, Grand Blanc MI 48439. Attention: Privacy Officer. Complaints may also be made to the Secretary of the Office of Civil Rights. APTC will not retaliate in any form or fashion against an individual that files a complaint.

We will endeavor to protect the privacy of your health information. If you have questions and would like additional information concerning this Notice, please call our Privacy Officer at (810) 695-8700.