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| Beeville Physical Therapy, PLLC | Subject: Notice of Privacy Practices and Intake Forms | Policy Number: 7.13 |
| | | Approval Date: 1/1/2015 |
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| | | Approved by: Erin Dial, PT, DPT |

Beeville Physical Therapy, PLLC

Notice of Privacy Practices

Effective Date: July 15, 2014

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.

If you have any questions about this notice, please contact:

Erin Dial, PT, DPT
1406 Houston St., Suite D
Beeville, TX 78102

This notice tells how this Practice, its health care professionals who under the direction of our Practice or who work under contract and our staff, may use and disclose medical information about you. In addition, this Practice, in cooperation with other healthcare facilities, providers and/or insurance carriers may share medical information with each other for treatment, payment or health care operations described in this notice. This Notice also describes your rights and our obligations regarding the use and disclosure of this information. Additionally, this Notice applies to all your records created and/or maintained by this Practice.

We understand that medical information about you and your health is personal. We are committed to protecting this information. Each time you visit our Practice, a record of the care and services you receive is made. Typically, this record contains your symptoms, examination, and treatment plan for future care and billing record. This record serves as a:

- Basis for planning your care and treatments;
- Means of communication among the many health care professionals who contribute to your care;

- Means by which you or third-party payers (insurance) can verify that services billed were actually provided;
- Tool for educating health professionals;
- Tool for assessing and continually working to improve health care rendered.

Our Responsibilities:

This Practice shall:

- Make every effort to maintain the privacy of your health information.
- Provide you with notice of our legal requirements and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this NOTICE OF PRIVACY PRACTICES;
- Accommodate reasonable requests you may have to communicate with you by alternative means or to different locations.

The Reason Why We May Use and Disclose Medical Information About You:

Listed below are different ways we may use and disclose your medical information. Examples serve only as illustrations and do not include every possible use of disclosure.

- **For Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care services. For example, we may share your information with other specialists to whom you are referred for treatment.
- **For Payment:** We will use and disclose medical information about you so that you, your insurance company, or a third party may be billed for services. For example, we may need to disclose protected health information to a health plan (insurer) in order for your health plan to pay us for the services rendered to you. We may also tell your health plan about treatment you are going to receive in order to obtain prior approval and to determine whether your plan will cover the expenses for the treatment.
- **For Health Care Operations:** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run this Practice in an efficient manner and ensure that all patients receive quality care. For example, your medical records and health information may be used in

the evaluation of health care services to determine appropriateness and quality of health care treatment. In addition, medical records are audited for documentation and billing purposes.

- **As Required by Law:** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
- **For Distributions of Health Care Information and/or Marketing:** This Practice does not share patient's health information with outside firms for product marketing. We may use certain information (name, address, telephone number, dates of service, age and gender) to send you information about the Practice's health programs, services and growth. If you do not wish to receive this information, please write to the Practice Manager whose address is listed on the front page of this notice.

Special Situations:

- **Worker's Compensation:** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Qualified Personnel:** We may disclose medical information for management audit, financial audit, or program evaluation. The personnel involved in these operations may not identify you in any report or evaluation or otherwise disclose your identity in any way.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or in administrative disputes, we may disclose medical information about you in response to court or administrative orders.

You're Rights Regarding Your Medical Information:

You have the following rights concerning your medical information:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records. You must submit a request in writing to the practice Manager and/or this office's Privacy Officer if you wish to inspect a copy of medical information that may be used to make decisions about you. If you

request a copy of the information, this Practice may charge you a fee for copying, mailing or summarizing your medical records.

We may deny your request to inspect and copy your records because of special circumstances. If you are denied access to medical information, you may request that we review our denial. Another licensed health care professional chosen by this Practice will review your request and our denial. The person conducting the review will not be the person who denied your initial request. This Practice will comply with the outcome of the review.

- **Right to Amend:** If you feel that medical information maintained about you is incorrect or incomplete, you may ask the practice to amend the information. You have the right to request an amendment of your information for as long as the information is kept by the Practice.

To request an amendment, your request must be made in writing and submitted to the Practice Manager and/or Privacy Officer of this Practice. In addition, you must provide a reason to support your request.

We may deny your request to amend you medical records if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by this Practice unless the health care entity who created the information is no longer available to make the amendment for you;
- Is not part of the medical information about you kept by the Practice;
- Is not part of the information which you would be permitted to inspect and copy;
- or
- Is accurate and complete as is.

Right to Accounting of Disclosures: You have the right to request an accounting of disclosures of your medical information made by the Practice for purposed other than treatment, payment or health care operations.

To request this accounting, you must submit request in writing to the Practice Manager and/or Privacy Officer of this practice. Your request must state how long a period of time you wish the accounting to cover. The accounting cannot exceed a period of six (6) years beginning Feb 10, 2015. The first accounting you request within a 12-month period will be free. You may be charged for additional accountings with the same 12-

month period. We will notify you of the cost so that you may choose to withdraw or modify your request if costs seem excessive.

Right to Request Restrictions: You have the right to request a restriction on the medical information the Practice uses or discloses for your treatment, payment or health care. You also have the right to request a limit on the medical information the Practice discloses about you to someone outside the Practice for care or payment. This Practice is not required to agree to your request. Should this Practice agree to your request, we will comply with your request unless the information is needed to you provide you emergency treatment.

To request restrictions, you must make your request in writing to the Practice Manager and/or Privacy Officer of this Practice. In your request, you must indicate:

- What information you want to limit;
- Whether you want to limit your information for our own use and disclosure;
- To whom you want to limits to apply

Right to Request Confidential Communications: You have the right to request that this Practice communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that this Practice contact you only at work or by mail.

If you want to request that we communicate with you in a certain manner, you must make your request in writing to the Practice Manager and/or Privacy Officer of this Practice. You do not have to state a reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to communication to be directed.

Rights to Question Your Bill and Billing Procedure: If you wish your bill be sent to another address, or if you have questions regarding your bill and the Practice's billing procedure, you may direct your questions and concerns to this Practice's Office Manager.

Changes to This Notice:

We reserve the right to change our practices and to make new provisions effective for all the protected health information we maintain. Should our information practices change, we will post the amended NOTICE OF PRIVACY PRACTICES in the office

waiting area. You may request that a copy be provided to you by contacting the Practice Manager of this Practice.

Complaints:

If you believe that your privacy rights have been violated you may file a complaint with the Practice Manager and/or Privacy Officer of this Practice or with the Office of Civil Rights, U.S. Department of Health and Human Services.

To file a complaint with this Practice, contact: Erin Dial, PT DPT
1406 Houston St., Suite D
Beeville, TX 78102

All complaints to the Office for Civil Rights should be submitted in writing.

The address for the Office of Civil Rights is:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

You will NOT be penalized for filing a complaint.