



## **PRIVACY PRACTICE POLICY (updated 4-21-14)**

**Uses and Disclosures** Village Physical Therapy will use your protected health information (PHI) for purposes of treatment, payment, and health care operations.

**Treatment** includes the disclosure of health information to staff members and other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians, and other physical therapists.

**Payment** includes the disclosure of health information to your health insurance company, including Medicare and Medicaid, auto insurance, worker's compensation, and other entities so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary. You have the right to request Village Physical Therapy not to bill your health insurance company and to instead to pay out-of-pocket in full.

**Health Care Operations** includes the utilization of your records to monitor the quality of care being given at our facility or for business planning activities, employee review, marketing activities, training of students, and education to interns/volunteers.

**Other Special Uses** Our practice may use your PHI for an appointment reminder or to inform you of our health-related products and services. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. We can use or share health information about you for worker's compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government functions such as military, national security, and presidential protective services.

**Uses and Disclosures Required by Law** The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: we may share some of your PHI with a family member or friend involved in your care if you do not object, we may use your PHI in an emergency situation when you may not be able to express yourself, and we may use or disclose your PHI for research purposes if we are provided with very specific assurances that your privacy will be protected. We may also disclose your PHI when we are required to do so by law, for example by court order or subpoena. Disclosures of health

oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions. Your authorization is required before your PHI may be used or disclosed by us for other purposes.

**Restrictions** You can make a written request asking us **not** to share certain health information for treatment, payment or our operations; however, we are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply unless a law requires us to share that information. Upon receipt, any such request will be reviewed and a written notification given to you within 60 days.

**Confidential Communications** You have the right to request confidential communication in a specific way (for example, home or office phone) or to send mail to a particular address. This request must be in writing.

**Access to PHI** You have the right to request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing. You have the right to request that we correct any inaccurate or incomplete information in your records. Upon receipt, any such request will be reviewed and a written notification given to you within 60 days. You have the right to receive an accounting of how and to whom your protected health information has been disclosed.

**Complaints** If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain to the Secretary of Health and Human Services.

**Notification in the Case of a Breach** We are required by law to notify our patients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired, or disclosed as a result of a breach.

**Our Duty to Protect Your Privacy** We are required to comply with the federal health information privacy regulation by maintaining the privacy of your PHI. These rules require us to provide you with this document, our Notice of Privacy Practices, and at any other time that you request a copy of this document. We reserve the right to update this notice at any time.

**Privacy Contact** If you would like more information about our privacy practices or to file a complaint you may contact: Melanie Humphries, Privacy Officer, 251 West Center Street, Holly Springs, NC 27540 (919)577-9200