

# NOTICE OF PRIVACY PRACTICES

Effective Date: 07/14/2015



**REZAC & ASSOCIATES**  
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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.

## WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other personnel.

## YOUR HEALTH INFORMATION

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from our office. Your health information may include information created and received by our office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describe your rights and our obligations regarding the use and disclosure of that information. If you have any questions about this Notice, please contact our Privacy/Security Officer at the phone number or email listed above.

### **I. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use and disclose health information for the following purposes:

- A. For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health. Family members and other health care providers may be part of your medical care outside of this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.
- B. For Payment:** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

- C. For Health Care Operations:** We may use and disclose health information about you in order to our office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce costs, coordinate and manage health care and services, train staff and comply with the law.

We may also use and disclose medical information to/for:

- Remind you that you have an appointment
- Assess your satisfaction with our services

- D. Future Communications:** We may communicate to you via newsletters, mail outs, or other means regarding treatment options, health related information, disease-management programs, or other community based initiatives or activities in which our office participates.

- E. Students:** Our office participates with several higher education facilities to provide a training ground for future health care providers. Students have signed a confidentiality statement regarding the protected health information of our patients. Any breach of confidentiality of our patients' protected health information by a student is considered to be a serious offense and may result in the discontinuation of the affiliation with the offending higher education facility

- F. Special Situations:** We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- 1. To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- 2. Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.
- 3. Research:** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
- 4. Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- 5. Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- 6. Public Health Risks:** We may disclose health information about you for public health reasons if order to prevent or control disease, injury or disability; or report suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- 7. Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- 8. Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- 9. Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- 10. Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- 11. Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we infer from the circumstances, based on our professional judgment that you would not object.

In situations where you are not capable of giving consent, we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

## **II. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. Examples of disclosures requiring your authorization include disclosures to your partner, your spouse, your children and your legal counsel.

## **III. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates that person's involvement in your health care. 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 disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or disagree or object to such a disclosure whenever we practically can do so.

## **IV. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

- A. Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. A modified request may include requesting a summary of your medical records.

If you request to view a copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing. You have the right to request a copy of your health information in electronic form.

We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- B. Right to Amend:** If you believe health information we have you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by our office.

To request an amendment, please submit your request in writing to the Privacy Officer.

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

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

- C. Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security and law enforcement.

To obtain this list, you must submit your request in writing. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of

providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- D. Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

We are required to agree to your request if you pay for treatment, services, and supplies “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purpose.

There may be instances where we are required to release this information if required by law.

- E. Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- F. Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice.

## **V. CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have you as well as any information we receive in the future. We will post a copy of the current notice in our facility. You are entitled to a copy of the notice currently in effect.

We will inform you of any significant changes to this Notice.

## **VI. BREACH OF HEALTH INFORMATION**

We will inform you if there is a breach of your unsecured health information.

## **VII. COMPLAINTS**

Complaints about this Notice of Privacy Practices or how this office handles your health information should be directed to our Privacy/Security Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to U.S. Health and Human Services office following the instructions found at their website:

[www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html)

You will not, in any way, be penalized for filing a complaint.