



HIPPA Policy and Notice of Privacy Practices

This notice describes how your medical information about you may be used and disclosed by Therapy InSync and how you can get access to this information. **Please review it carefully.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. HIPAA gives you, the Patient, significant new rights to understand and control how your health information is used. We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

ALLOWABLE DISCLOSURE AND USE OF PHI

- I. **For Treatment:** We may use and disclose your PHI to provide you with health care services. We may share PHI with health care providers involved in your care. For example, a doctor may need to review your medical history before treating you.
- II. **For Payment:** We may use and disclose your PHI for billing purposes. For example, we may share your PHI with your insurance company to receive payment for services Therapy InSync provides to you, and we may share information with an ambulance company so that it may bill for services provided to bring you to Therapy InSync for treatment. We may also tell your health insurance company about a treatment that you need to obtain prior approval or check if your insurance will pay for the treatment.
- III. **For Health Care Operations:** We may use and disclose PHI about you for our health care operations which are various activities necessary to run our business, provide quality health care services and contact you when necessary. For example, we may share your PHI to evaluate our doctors' and nurses' performance in caring for you and for quality improvement activities. We may disclose your PHI to medical or nursing students and other trainees for review and learning purposes.
- IV. **Family Members and Friends Involved in Your Care:** We may share PHI about you with your friend, family member, personal representative, or any individual you identify who is involved in your care or is paying for some or all of your care. If you are present, we may disclose the PHI if you agree to the disclosure, we provide you with an opportunity to object to the disclosure and you do not say no, or if we reasonably infer that you do not object to the disclosure. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may share your PHI that is directly relevant to the person's involvement with your care if we believe it is in your best interest.
- V. **Public Health Activities:** We may disclose your PHI for public health activities to public health or other governmental authorities authorized by law to receive such information. This may include disclosing your medical information to report certain diseases, report child abuse or neglect, report information to the Food and Drug Administration if you experience an adverse reaction from a medication, to enable product recalls or disclosing PHI for public health surveillance, investigations or interventions.
- VI. **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your PHI to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence, if the disclosure is required or authorized by law.



- VII. **Health Oversight Activities:** We may use and disclose your PHI to a health oversight agency that oversees the health care system so they can monitor, investigate, inspect, discipline or license those who work in health care and engage in other health care oversight activities.
- VIII. **Judicial and Administrative Proceedings:** We may use and disclose your PHI in the course of judicial or administrative proceedings in response to a legal order, subpoena, discovery request or other lawful process, subject to applicable procedural requirements.
- IX. **Law Enforcement Officials:** We may disclose your PHI to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.
- X. **Workers Compensation:** We may use and disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs providing benefits for work-related injuries or illnesses.
- XI. **Business Associates:** We may disclose your PHI to third party business associates, which are vendors that perform various services for Therapy InSync. For example, we may disclose your PHI to a vendor that provides billing or collection services for us. We require our business associates to safeguard your PHI.
- XII. **As Required by Law:** We may disclose your PHI to the Secretary of the Department of Health and Human Services and as otherwise required by Federal or state law.

YOUR RIGHTS RELATED TO YOUR PHI

- I. **Get a copy of your paper or electronic medical record:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- II. **Correct your paper or electronic medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- III. **Request confidential communication:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- IV. **Optional Disclosures:** If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:
- A. Share information with your family, close friends, or others involved in your care;
 - B. Share information in a disaster relief situation; or
 - C. Include your information in a hospital directory.
- ** If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- V. **Ask us to limit the information we share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. 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 say "yes" unless a law requires us to share that information.



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- VI. **Get a list of those with whom we've shared your information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
 - VII. **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
 - VIII. **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
 - IX. **File a complaint if you believe your privacy rights have been violated:** You can file a complaint if you feel we have violated your rights by contacting us via the contact information at the end of this document or the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

OUR RESPONSIBILITIES

- I. We are required by law to maintain the privacy and security of your protected health information.
- II. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- III. We must follow the duties and privacy practices described in this notice and give you a copy of it.
- IV. We will not use or share your information other than as described herein unless you tell us we can in writing. You can revoke voluntary disclosures at any time by notifying us in writing.
- V. We will never share your information for the purposes of marketing, unless you give us written permission.

This notice is effective as of January 1st, 2023 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post notice of such update and you may request a written copy of a revised Notice of Privacy Practices from this office.

For additional Questions or to file a complaint you may contact Danielle McGregor, HIPAA Security Officer for Therapy InSync at (405) 432- 3193 or email at dmcgregor@therapyinsync.com