



# Athletic Advantage PT

## HIPAA Policy

### **Effective Date 11/1/23**

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

Athletic Advantage Physical Therapy is committed to protecting the privacy and confidentiality of your health information. This notice outlines our legal duties and privacy practices regarding your protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws. "Protected health information" includes any individually identifiable health information created or received by us that relates to your past, present, or future physical or mental health or condition, the provision of healthcare to you, or the payment for your healthcare

### **Uses and Disclosures of Your Protected Health Information**

We may use and disclose your protected health information for various purposes, including but not limited to:

**Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes communicating with other healthcare providers involved in your care.

**Payment:** We may use and disclose your PHI to obtain payment for the healthcare services we provide. This may involve billing insurance companies, Medicare, or other third-party payers

**Healthcare Operations:** We may use and disclose your PHI for our healthcare operations, which include activities such as quality assessment, practice management, and legal compliance. This information is essential to ensure the continued provision of high-quality care.

**Appointment Reminders and Communication:** We may use and disclose your PHI to remind you of upcoming appointments or to communicate with you regarding your treatment or other health-related matters.

**Required by Law:** We may use and disclose your PHI when required by law or to comply with a valid court order, subpoena, or administrative request.

**Public Health and Safety:** We may use and disclose your PHI to report certain diseases, injuries, or other health-related conditions as required by public health authorities. We may also disclose your information to prevent or lessen a serious threat to your health or safety or that of the public.

**Research:** In limited circumstances, we may use or disclose your PHI for research purposes, provided certain conditions are met to ensure the privacy and security of your information.



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### **Your Rights:**

As an individual, you have certain rights regarding your PHI. These include:

#### **Right to Access**

You have the right to request access to your PHI held by us and to obtain copies of this information, with certain exceptions

#### **Right to Amend**

If you believe that your PHI is inaccurate or incomplete, you have the right to request an amendment to your records. We will consider your request but are not obligated to make the amendment.

#### **Right to Request Restrictions**

You have the right to request restrictions on certain uses and disclosures of your PHI. However, we are not required to agree to these requests except in limited circumstances.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about your healthcare in a certain way or at a specific location to protect your privacy.

#### **Right to Receive an Accounting of Disclosures**

You have the right to request an accounting of certain disclosures of your PHI made by us during the last six years, except for disclosures made for treatment, payment, or healthcare operations purposes.

#### **Right to File a Complaint**

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.