

# Source PT PLLC HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USE AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS POSTED ON THE FRONT DESK IN OUR OFFICE.

PLEASE REVIEW IT CAREFULLY

Source Physical Therapy is committed to maintaining and protecting the confidentiality of our patients' medical, personal, and sensitive information. We are required by federal and state law to protect the privacy of your individual identifiable health information and other personal information and send you this Notice about our policies, safeguards, and practices. When we use or disclose your confidential information, we are bound by the terms of this Notice or our revised notices, if we revise it.

## USES AND DISCLOSURES

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment:** Your health information may be used to seek payment from your health plan or from other sources of coverage such an automobile insurer, or worker's compensation carrier. For example, your insurer may request and receive information on dates of service, the type of services provided, and the medical condition being treated.

**Health Care Operation:** Your health information may be used as necessary to support the day-to-day activities and management of Source Physical Therapy. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law Enforcement:** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Lawsuits and Disputes:** Your health information may be disclosed in response to a court or administrative order. For example, if you are involved in a lawsuit or dispute and Union Physical Therapy is served with a subpoena, warrant, summons, or other lawful process this office may be required by law to disclose your health information.

**Public Health Reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state Public Health Department.

**Information About Treatments:** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

**Appointment Reminders:** Your health information may be used by our staff to contact you regarding appointment openings and reminders. If you have any concerns about us leaving messages or information pertaining to appointment dates and times with other household members, please let us know. No confidential patient information will be left by phone.

**Other uses and Disclosures Require Your Authorization:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific authorization. If you change your mind after authorizing a use or disclosure of your information you may submit in written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified Union Physical Therapy.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights under the federal privacy standards regarding the health information that we maintain about you. **These rights are as follows:**

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend and submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice.

### Rights to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policy and practices may be required by changes in federal and/or state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Request to Inspect Protected Health Information as permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing to our office.

### Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter discussing your concerns to:

Source PT PLLC Attn Office Manager

2214 N 56th St  
Seattle, WA 98103  
Ph 206.588.0855

If you feel that your privacy rights have been violated, you may file a complaint with our office or the Secretary of the Department of Health and Human Services.

You will not be penalized or otherwise retaliated against for filing a complaint.

I ACKNOWLEDGE that I have received a copy of Source PT's notice of privacy practices. I understand that this information describes how Union Physical Therapy may disclose and use my protected health information:

This Notice is effective on or after 03/01/2022