***New Braunfels Sports & Spine Physical Therapy***

**Notice of Privacy Practices**

**Effective Date: September 29, 2014**

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

Your medical record may contain personal information about your health. This information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practice with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy in our reception area. A copy will be made for you upon your request.

**How we may use and disclose health care information about you:**

*For care or treatment:* Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordination, or managing your services. This includes consultation with clinical supervisors or other team members. Your authorization is required to disclose PHI to any other care provider not currently involved in your care ie. any physician other than the one that referred you to us.

*For Payment:* Your PHI may be used and disclosed to any parties that are involved in payment for care or treatment. If you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict the disclosure of your PHI for payment ie. insurance companies may request copies of medical records to make a determination on the payment of claims.

*For Business Operations:* We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment, employee reviews, and licensing. We may also disclose PHI in the course of providing you with appointment reminders or leaving messages on your phone or at your home about questions you asked.

*Required by Law:* Under the law we must make disclosures of your PHI available to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

*Without Authorization:* Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are:

* Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the Health Department)
* Required by Court Order
* Necessary to prevent or lessen a serious and imminent threat to the health safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

*Verbal Permission:* We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

*With Authorization:* Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

**Your rights regarding your PHI:**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights submit in writing to our Office Manager.

* Right of Access to Inspect and Copy – You have the right, which may be revoked only in exceptional circumstances or with documents released to us, to inspect and copy PHI that may be used to make decisions about service provided.
* Right to Amend – If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
* Right to an Accounting of Disclosures – You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12 month period.
* Right to Request Restrictions – You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.
* Right to Request Confidential Communication – You have the right to request that we communicate with you about PHI matters in a specific manner ie. telephone, email, postal service.
* Right to a Copy of this Notice – You have the right to a copy of this notice.

**Website Privacy:**

Any personal information you provide us with via our website, including your e-mail address, will never be sold or rented to any third party without your express permission. If you provide us with any personal or contact information in order to receive anything from us, we may collect and store that personal data. We do not automatically collect your personal e-mail address simply because you visit our site.

Our site may contain links to other outside websites. We cannot take responsibility for the privacy policies or practices of these sites and we encourage you to check the privacy practices of all internet sites you visit. While we make every effort to ensure that all the information provided on our website is correct and accurate, we make no warranty, express or implied, as to the accuracy, completeness or timeliness, of the information available on our site. We are not liable to anyone for any loss, claim, or damages caused in whole or in part, by any of the information provided on our site. By using our website, you consent to the collection and use of personal information as detailed herein.

**Breaches:**

You will be notified immediately if we receive information that there has been a breach involving your PHI.

**Complaints:**

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Office Manager at New Braunfels Sports and Spine Physical Therapy. You can also file a complaint with 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 or calling 1-877-696-6775 or online at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). There will be no retaliation against you for filing a complaint.