



Notice of Privacy Practices / HIPAA

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.

If you have any questions about this notice, please contact our Privacy Official. This Notice of Privacy Practices describes how BUTLER PHYSICAL THERAPY, LLC may use and disclose your protected health information to carry out our treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health or condition and related healthcare services. BUTLER PHYSICAL THERAPY, LLC is required to abide by the terms of this notice and may change the terms of this notice at any time. The new notice would be effective for all protected health information maintained at that time. Upon your request BUTLER PHYSICAL THERAPY, LLC will provide you with any revised Notice of Privacy Practices. Please call the office and request a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization: You will be asked to sign an authorization form for use and disclosure of your protected health information for specified reasons as outlined in the authorization form.

Treatment:

BUTLER PHYSICAL THERAPY, LLC will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related issues. This includes the coordination or management of your healthcare with a third party that has already obtained your permission to have access to your protected health information. For example BUTLER PHYSICAL THERAPY, LLC would disclose your protected health information, as necessary, to a home health agency that provides care to you. BUTLER PHYSICAL THERAPY, LLC will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician for whom you have been referred to ensure the physician has the necessary information to diagnose or treat you. In addition, BUTLER PHYSICAL THERAPY, LLC may disclose your protected health information from time-to-time to another healthcare provider (e.g., a specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician.

Payment: Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services BUTLER PHYSICAL THERAPY, LLC has recommended for you such as: making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.



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Healthcare Operations: BUTLER PHYSICAL THERAPY, LLC may use or disclose, as needed, your protected health information in order to support their business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of physical therapy students and conducting or arranging for other business activities. For example, BUTLER PHYSICAL THERAPY, LLC may disclose your protected health information to physical therapy students at our office. In addition, BUTLER PHYSICAL THERAPY, LLC may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your clinician. We may also call you by name in the waiting room when your clinician is ready to see you. BUTLER PHYSICAL THERAPY, LLC may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. BUTLER PHYSICAL THERAPY, LLC will share your protected health information with third party “business associates” that perform various activities (e.g., billing and transcription services) for the practice. Whenever an arrangement between BUTLER PHYSICAL THERAPY, LLC and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Other Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization: BUTLER PHYSICAL THERAPY, LLC will employ other uses and disclosures of your protected health information only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your clinician or BUTLER PHYSICAL THERAPY, LLC has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object: BUTLER PHYSICAL THERAPY, LLC may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed.

Others Involved In Your Healthcare: Unless you object, BUTLER PHYSICAL THERAPY, LLC may disclose to a member of your family, a relative, close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your healthcare. 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. BUTLER PHYSICAL THERAPY, LLC may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location, general condition or death. Finally, BUTLER PHYSICAL THERAPY, LLC may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.



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Emergencies: BUTLER PHYSICAL THERAPY, LLC may use or disclose your protected health information in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as reasonably possible after the delivery of treatment. If your provider or another provider in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: BUTLER PHYSICAL THERAPY, LLC may use and disclose your protected health information if your clinician or another clinician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to use or disclosure under any circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object: BUTLER PHYSICAL THERAPY, LLC may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: BUTLER PHYSICAL THERAPY, LLC may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: BUTLER PHYSICAL THERAPY, LLC may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: BUTLER PHYSICAL THERAPY, LLC may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: BUTLER PHYSICAL THERAPY, LLC may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil right laws.

Abuse or Neglect BUTLER PHYSICAL THERAPY, LLC may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information, if we believe you have been a victim of abuse, neglect or domestic violence, to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.



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Food and Drug Administration: BUTLER PHYSICAL THERAPY, LLC may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products to enable product recalls or to make repairs or replacements or to conduct post marketing surveillance, as required.

Legal Proceedings BUTLER PHYSICAL THERAPY, LLC may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: BUTLER PHYSICAL THERAPY, LLC may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice and (6) medical emergency (not on the Practice's premises) and it is unlikely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation BUTLER PHYSICAL THERAPY, LLC may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. BUTLER PHYSICAL THERAPY, LLC may also disclose protected health information to a funeral director, as such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

You have the right to request confidential communications from us by alternative means or at an alternative location BUTLER PHYSICAL THERAPY, LLC will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request. Please make this request in writing to our Privacy Official. You may have the right to have your clinician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, BUTLER PHYSICAL THERAPY, LLC may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Official if you have questions about amending your medical record. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures.



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The right to receive this information is subject to certain exceptions, restrictions and limitations. You have the right to have BUTLER PHYSICAL THERAPY, LLC not disclose patient health information in situations where you are paying out of pocket in full for the services that BUTLER PHYSICAL THERAPY, LLC provided to you. This would include, but is not limited to, disclosing patient health information to physicians, healthcare organizations, your family members, insurance companies or attorneys, unless required by law. You must submit a request in writing BUTLER PHYSICAL THERAPY, LLC to not disclose your patient health information when you are paying out of pocket in full for the service BUTLER PHYSICAL THERAPY, LLC provided to you. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Waiver of Rights: BUTLER PHYSICAL THERAPY, LLC may not require individuals to waive their rights as a condition of the provision of treatment.

Health Information Breach of Patient: If a breach of patient health information occurs, either verbally or electronically, you will be notified by BUTLER PHYSICAL THERAPY, LLC as soon as reasonably possible or within 60 calendar days after discovery of the breach. The notification will include a brief description of the event, a description of the types of unsecured patient health information involved, steps you should take to protect yourself, a description of steps being taken by BUTLER PHYSICAL THERAPY, LLC relating to the breach and contact information for more information regarding the breach.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Privacy Official of your complaint. We will not retaliate against you for filing a complaint. You may contact our Office Manager at 208-771-3579 for further information about the complaint process.