

Effective Date: 9/18/2020

**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: **Ortho Care Physical Therapy, Inc. Attn: Administrator (Privacy Officer) 30695 Little Mack, Suite 600, 48066.**

**OUR OBLIGATIONS:**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

**UNDERSTANDING THE TYPE OF INFORMATION, WE HAVE.** We get information about you when you enroll. It includes your date of birth, sex, ID number and other information. We also get bills, reports from your doctor and other data about your health care.

**OUR PRIVACY COMMITMENT TO YOU.** We care about your privacy. The information we collect about you is private. We are required to give notice of our privacy practices, to follow these practices, and to notify affected individuals following a breach of unsecured protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Only people who have both the need and the legal right to see your information. We may disclose your information without your permission for purposes of treatment, payment, health care operations or when we are required by law to do so. For examples of some of the disclosures referenced below, go to [www.michign.gov/mdhhs](http://www.michign.gov/mdhhs). Click on Assistance Programs, then Health Care Coverage and look under Protected Health Information.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

***For Treatment.*** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

***For Payment.*** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services

you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Health Care Operations.** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Exceptions.** For certain kinds of records, such as psychotherapy notes, your permission may be needed even for release for treatment, payment and health care operations.

**As Required by Law.** We will release information when we are required to by law to do so.

**With Your Permission.** If you give us permission in writing, we may use and disclose your health information. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission. With your consent we may notify or release information about you to a friend or family member who is involved in your care.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

#### **ADDITIONAL EXAMPLES OF DISCLOSURES THAT MAY BE MADE WITHOUT YOUR PERMISSION:**

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

**Food and Drug Administration (FDA).** We may disclose health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker Compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health.** As authorized by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Victims of Abuse, Neglect, or Domestic Violence.** We may disclose information about you to a government authority, such as social service or protective agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

**To Avert a Serious Threat to Health or Safety.** If there is a compelling need, we may disclose information to prevent a serious threat to your health or safety or the health and safety of the public or another person.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits,

investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Health oversight.** We may disclose health information to a health oversight agency for activities authorized by law.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

**Organ and Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Special Situations.** Consistent with applicable law, we may disclose health information to a mental health services recipient's information will be disclosed only as allowed under Michigan law.

If we use or disclose your information for any purpose that is not described in this notice, we will do so only with your permission. For example, we will not sell, market or use your information for fundraising without your permission.

#### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. 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.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **YOUR PRIVACY RIGHTS:**

You have the following rights regarding Health Information we have about you:

**Right to Inspect and Copy.** In most cases, you have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than physical therapy notes. To inspect and copy this Health Information, you must make your request, in writing, to **Ortho Care Physical Therapy, Inc. Attn: Administrator (Privacy Officer) 30695 Little Mack, Suite 600, 48066**. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to **Ortho Care Physical Therapy, Inc. Attn: Administrator (Privacy Officer) 30695 Little Mack, Suite 600, 48066**. We can deny your request for certain reasons, but we must give you a written reason for the denial.

**Right to a List of Disclosures.** You have the right to request a list of certain disclosures made in the last six years before the date of your request. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. To request an accounting of disclosures, you must make your request, in writing, to

**Ortho Care Physical Therapy, Inc. Attn: Administrator (Privacy Officer) 30695 Little Mack, Suite 600, 48066, 586-294-9030.**

**Right to Request Restrictions on Our Use or Disclosure of Information.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to **Ortho Care Physical Therapy, Inc. Attn: Administrator (Privacy Officer) 30695 Little Mack, Suite 600, 48066.** We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Revoke Authorization.** If you give us permission to use or disclose your health information, you have the right to change your mind and revoke it. This must be done in writing, to **Ortho Care Physical Therapy, Inc. Attn: Administrator (Privacy Officer) 30695 Little Mack, Suite 600, 48066, 586-294-9030.** We can not take back any uses or disclosures already made with your permission.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to **Ortho Care Physical Therapy, Inc. Attn: Administrator (Privacy Officer) 30695 Little Mack, Suite 600, 48066, 586-294-9030.** Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy

of this notice at our web site, [www.orthocarephysicaltherapy.com](http://www.orthocarephysicaltherapy.com). To obtain a paper copy of this notice, **Ortho Care Physical Therapy, Inc. Attn: Administrator (Privacy Officer) 30695 Little Mack, Suite 600, 48066, 586-294-9030.**

**CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. A revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website. Go to: [www.orthocarephysicaltherapy.com](http://www.orthocarephysicaltherapy.com) a new notice will be mailed to you before it takes effect. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

**HOW TO USE YOUR RIGHTS UNDER THIS NOTICE:**

If you want to make a privacy rights request or file a complaint, your complaint must be in writing. If you are writing a complaint, tell us your name (and the name of the person affected, if you are filling the complaint for another person), identification number, what right you believe was violated, who you believe committed the violation, what you want done to correct the problem, and an address and telephone number where you can be contacted. You may get a complaint form by going to [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs), click on Assistance Programs, then Health Care Coverage, click on Protected Health Information. Requests and complaints should be sent to:

Privacy Officer/Compliance Office  
Michigan Department of Health and  
Human Services  
PO Box 30195  
Lansing, MI 48909

OR

Phone 517-284-1018  
Michigan Relay Center: 711

You may also have the right to file a complaint with the federal government. Written complaints should be sent to:

Centralized Case Management  
Operations  
U.S. Department of Health and Human  
Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

OR

Phone: 800-368-1019  
TDD: 800-537-7697  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

You will not be penalized or retaliated against for filing a complaint with either MDHHS or the federal government.

**Copies of this Notice**

You have the right to receive an additional copy of this notice at any time. Please call or write to us to request a copy. They are available at our front desk and on our website:

<http://www.orthocarephysicaltherapy.com>