

# **HIPAA Privacy and Disclosure Notice for Integrated Manual Physical Therapy, PLLC**

**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.**

Federal law (the Health Insurance Portability and Accountability Act (HIPAA)) requires that health care providers inform patients of their rights regarding how the provider may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Privacy Notice describes Integrated Manual Physical Therapy's (IMPT) privacy practices that relate to your protected health information. It also describes your rights to access and control your protected health information in some cases. Your protected health information is any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider and that relates to your past, present, or future physical or mental health or condition.

## **Your Health Records and Protected Health Information**

Each time you receive medical care from our practice, a record of your visit is created. This record typically includes, but is not limited to, information such as your name, age, address, a brief medical history, symptoms, any test results, the treatment provided to you, treatment plans devised for your care, and notes on follow-up care to be performed. How your health care information may be used and what control you may exercise over the use of your health care information is described in this Privacy Notice.

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

IMPT may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the practice has obtained your authorization, or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

**Treatment:** Your health information may be used by IMPT or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

**Payment:** Your protected health information may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer.

**Health Care Operation:** IMPT may disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, IMPT may use health information to review your treatment and services and to evaluate our performance. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements.

**As Required By Law:** IMPT will disclose health information about you when required to do so by federal, state, or local law.

**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's public health department.

**Other uses and disclosures for health care operations may include:**

**Appointment Reminders:** Your health information may be used to contact you, a family member, or a friend involved in your health care as authorized by you as a reminder that you have an appointment for treatment or medical care at our facility. We may also leave a message on your answering machine/voicemail system/email unless you tell us not to.

**Treatment Alternatives:** We may use or disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services:** We may use or disclose your protected health information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved In Your Care or Payment of Your Care:** We may disclose your protected health information to a friend or family member who is involved in your medical care. We may also give information to someone assisting you in the payment for your care. IMPT may also tell your family or friends that you are in the facility at the time of your care. If you want any of this information restricted, you must communicate that to us using the appropriate procedure.

You may object to these disclosures. If you do not object to these disclosures, then we can infer from the circumstances that you do not object, or we determine, in the exercise of our professional judgment, that it is in your best interests for us to disclose information that is directly relevant to the person's involvement with your care, and we may disclose your protected health information as described.

**Uses and Disclosures that You Authorize:** Other than as stated above, IMPT will not disclose your health information other than with your written authorization. You may

revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

### **Individual Rights**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have certain rights under the federal privacy standards. These include:

- 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 or 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.

Please contact our HIPAA privacy officer if you have questions about access to your medical record.

### **Physical Therapy Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

### **Right to Revise Privacy Practices**

As permitted by law, IMPT reserves the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice during any office visit. The revised policies and practices will be applied to all protected health information we maintain.

### **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting IMPT. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### **Complaints**

We encourage you to express any concerns you may have regarding the privacy of your information. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Integrated Manual Physical Therapy  
20325 N 51<sup>st</sup> Ave. Suite 134  
Glendale, AZ 85308

You also have the right to express complaints to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You will not be penalized or otherwise retaliated against for filing a complaint.

**Effective Date:** This Notice is effective on or after February 1, 2012.