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NOTICE OF PRIVACY PRACTICES / HIPAA

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (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.

INTRODUCTION

At P.ilaT.es Physical Therapy and Pilates, we are committed to treating and protecting your medical information, also called "protected health information" (PHI). The creation of a medical record detailing the care and services you receive helps us provide you with quality health care.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care 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" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you, or asking for one at the time of your next appointment.

OUR USES & DISCLOSURES OF PHI

Following are examples of the types of uses and disclosures of your protected health information that your physical therapist's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

1) TREATMENT:

To provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with one or more other healthcare providers.

2) PAYMENT:

To obtain payment for your health care services, to determine eligibility or coverage for insurance benefits, to review services for medical necessity, and undertake utilization review activities, billing, or collection activities.

3) HEALTH CARE OPERATIONS:

To support the business activities of your physical therapist's practice. These activities include, but are not limited to, appointment reminders, quality assessment and improvement activities, cost management analysis, customer service, employee review activities, auditing functions, training of medical or physical therapy students, licensing, marketing or fundraising, and conducting, organizing, or arranging other business activities.

4) REQUIRED BY LAW:

We may use or disclose your protected health information when the use or disclosure is required by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

PERMITTED, REQUIRED USES, & DISCLOSURES OF PHI:

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

1) PUBLIC HEALTH:

We 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. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

2) COMMUNICABLE DISEASES:

We 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.

3) ABUSE OR NEGLECT:

We 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 that 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.

4) FOOD & DRUG ADMINISTRATION:

We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

5) HEALTH OVERSIGHT:

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations inspections, surveys, licensure and disciplinary actions, and administrative civil and criminal procedures or actions, among others. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

6) CORONER, FUNERAL DIRECTORS, & ORGAN DONATION:

We may disclose 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. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

7) LAWSUITS & LEGAL PROCEEDINGS:

We may disclose protected health information in the course of any judicial or administrative order, in response to an order of a court or administrative tribunal if you are involved in a lawsuit or similar proceeding. PHI can also be disclosed in response to a subpoena, discovery request, or other lawful process by another party involved in the dispute.

8) LAW ENFORCEMENT:

We 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 and otherwise required by law, such as in response to a warrant, summons, court order, subpoena, or other legal proceeding, 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 our practice, and 6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

9) RESEARCH:

We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

10) CRIMINAL ACTIVITY:

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

11) MILITARY ACTIVITY & NATIONAL SECURITY:

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel 1) for activities deemed necessary by appropriate military command authorities; 2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or 3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

12) WORKER'S COMPENSATION:

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

13) INMATES:

We may use or disclose your protected health information if you are an inmate of a correctional facility and your physical therapist created or received your protected health information in the course of providing care to you.

OTHER TYPES OF PERMITTED, REQUIRED USES, & DISCLOSURES

We 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 all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physical therapist may, using professional judgment, determine whether the disclosure is in your best interest.

OTHERS INVOLVED IN YOUR HEALTH 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. We 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, of your location, general condition, or death.

YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1) INSPECTION & COPIES OF PERSONAL HEALTH INFORMATION:

You may inspect and obtain a copy of your PHI including medical and billing records, and any other records that your physical therapist and the practice uses for making decisions about you for so long as we maintain the PHI. In limited circumstances, our practice may deny your request to inspect or obtain a copy. In this case, the decision to deny access may be reviewable by another healthcare professional who will be chosen by us, upon your request.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information.

You may submit a written request to Magda Boulay at P.ilaT.es Physical Therapy & Pilates to inspect and/or obtain a copy of your records. We may charge you a reasonable copy fee for the copy, supplies, labor, and transportation/communication of your records and the copy will usually be provided within 15 days of the request.

2) REQUEST A RESTRICTION:

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care, or for notification purposes as described in this Notice of Privacy Practices. Your physical therapist is not required to agree to a restriction that you may request. If your physical therapist does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction, unless it is required by law, or

it is needed to provide emergency treatment. You may request a restriction by providing a written request to Magda Boulay at P.ilaT.es Physical Therapy & Pilates. In this written request, you must give the specific restriction requested, and to whom the restriction applies.

3) ALTERNATIVE CONFIDENTIAL COMMUNICATIONS:

You may request to receive confidential communications in a particular manner, or in a specific alternative location. For instance, you can request we only contact you at home, and not at your place of employment. We will accommodate reasonable requests. However, we may also condition this accommodation by asking you for information about how payment will be handled, or a specification of the alternative address, or other method of contact to honor this request. We will not request an explanation from you as to the basis for the request. Please make this request in writing to Magda Boulay at P.ilaT.es Physical Therapy & Pilates.

4) AMENDMENT OF YOUR PERSONAL HEALTH INFORMATION:

This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. This must be done in writing to Magda Boulay at P.ilaT.es Physical Therapy & Pilates. You must also support this request with a written reason for the request. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact Magda Boulay at P.ilaT.es Physical Therapy & Pilates if you have questions about amending your medical record.

5) PAPER COPY OF THIS NOTICE:

You have the right to obtain a paper copy of this notice from us, upon request to Magda Boulay at P.ilaT.es Physical Therapy & Pilates, even if you have agreed to accept this notice electronically.

6) COMPLAINTS:

You may complain to our practice, or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a written complaint with us, contact Magda Boulay at P.ilaT.es Physical Therapy & Pilates of your complaint. We will not retaliate against you for filing a complaint. If you have any questions about the complaint process, or require additional information, please contact Magda Boulay at P.ilaT.es Physical Therapy & Pilates at 510-545-6586, or at magda@ptpracticepilates.com.

7) YOUR WRITTEN AUTHORIZATION FOR OTHER USES & DISCLOSURES:

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice, unless it is otherwise permitted or required by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. Please provide the above written statements to Magda Boulay at P.ilaT.es Physical Therapy & Pilates. After you revoke your authorization, we will no longer use or disclose your personal health information for the reasons described in your prior authorization. *Note:* Please understand we are unable to take back any prior disclosures already made with your previous authorization, and we are also required by law to retain records of your care.

Again, if you have any questions regarding this notice, or our health information privacy policies, please contact Magda Boulay at P.ilaT.es Physical Therapy & Pilates at 510-545-6586 or at magda@ptpracticepilates.com.

This Notice was published and becomes effective on May 22, 2018.