Notice of Privacy Practices for Bull City Physical Therapy

Your Information. Your Rights. Our Responsibilities

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.**

Effective April 28, 2022

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to assist you. ***You have the rights to:***

Get an Electronic or Paper Copy of Your Medical Record	• You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or summary of your health information, usually within 30 business days of your request. We may charge a reasonable, cost-based fee.
Ask Us to Correct Your Medical Record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We reserve the right to deny your request, but we will provide a written reason why within 60 business days.
Request Confidential Communications	• You can ask us to contact you in a specific way (i.e., home or office phone) or to send mail to a different address. • We will approve all reasonable requests.

Ask Us to Limit What Information We Use or Share	• You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
	  ○ We are not required to agree to your request, and may deny if it would affect your care.
	• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
	  ○ We will approve the request unless a law requires us to share that information.

Get a List of Those With Whom We've Shared Your	• You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, health

Information	care operations, and certain other disclosures. We will provide one a year for free but will charge a reasonable, cost-based fee if you request another within 12 months.
Get a Copy of This Privacy Notice	• You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose Someone to Act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make decisions about your health information. • We will ensure the person has this authority and can act on your behalf before we take any action.
File a Complaint if You Feel Your Rights Have Been Violated	• You can file a complaint if you feel we have violated your rights by contacting us using the information on the final page of this notice. • You can 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***, by calling ***1-877-696-6775***, or visiting ***www.hhs.gov/ocr/privacy/hipaa/complaints/***. • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us how you would like us to proceed and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your case • Share information in a disaster relief situation • Include your information in a hospital directory *If you are unable to tell us your preference, for example if you are unconscious, we may proceed to share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases, we *never* share you information unless you provide us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can state not to contact you again.

Other Uses & Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat You	• We can use your health information and share it with other professionals who are treating you.	***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*
Run our Organization	• We can use and share your health information to run our practice, improve your care, and contact you	***Example:*** *We use health information about you to manage your treatment and services.*

	when necessary.	
Bill for Your Services	• We can use and share your health information to bill and receive payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: **www.hhs.gov/privacy/hipaa/understanding/consumers/index.html.**

Help with Public Health & Safety Issues	• We can share health information about you for certain situations such as: ○ Preventing disease ○ Helping with product recall ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Preventing or reducing a serious threat to anyone's health or safety
Do Research	• We can use or share information for health research.
Comply with the Law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to Organ & Tissue Donation Requests	• We can share health information about you with organ procurement organizations.
Work with a Medical Examiner or Funeral Director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address Workers' Compensation, Law Enforcement, & Other Government Requests	• We can use or share health information about you: ○ For workers' compensation claims ○ For law enforcement purposes or with a law enforcement official ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to Lawsuits & Legal Actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organizations:

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