



Sullivan Physical Therapy

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HIPAA - NOTICE OF PRIVACY POLICY (NPP) EFFECTIVE DATE: April 28, 2015

THIS NPP DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose of this Notice: Sullivan Physical Therapy is required by law to maintain the privacy of your Protected Health Information (**PHI**). We are also required to provide you with a copy of this NPP, which contains our privacy practices and outlines how Sullivan Physical Therapy is permitted to use and disclose PHI about you. Sullivan Physical Therapy is also required to abide by the terms of the version of this notice currently in effect. In most situations we may use this information as described in this notice without your permission, but there are some situations where we may use it only after we obtain our patients written authorization, if we are required by law to do so.

Use and Disclosure of PHI: Sullivan Physical Therapy may use or disclose your PHI for treatment, payment or health care operations. For your convenience, we have provided the following examples of such potential uses or disclosures:

- **For Treatment.** Your PHI may be used to provide you with medical treatment for services. For example, information obtained from your referring physician, nurse or their administrative staff will be recorded information in your record that is related to your treatment. This information is necessary for us to determine what treatment you should receive.
 - Any progress notes, plans of care and prescription requests may be released solely to your referring physician, nurse or their administrative staff via facsimile or email for the purpose of updating them on your care and determining your continued therapy needs.
- **For Payment:** This includes any activities we must undertake in order to get reimbursed for the services provided to you, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts.
 - Sullivan Physical Therapy will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our patients' information.
- **Health Care Operations.** Your PHI may be used or disclosed as part of our internal health care operations. Such health care operations may include, among other things, quality of care audits of our staff and affiliates, conducting training programs, accreditation, certification, licensing or credentialing activities, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes and certain marketing activities.
- **Notification in the Case of a Breach:** Sullivan Physical Therapy is required by law to notify our patients in case of a breach of their unsecured PHI when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.
- **For Marketing Communications:** We may use or disclose your health information to identify health-related services and products that may be beneficial to your health and we may contact you about these services and products. All marketing requires written authorization from you, except face-to face and general health reminders and governmental notices.
- **Use and Disclosure of PHI Without Your Authorization:** Sullivan Physical Therapy is permitted to use PHI *without* written authorization or opportunity to object in certain situations, including:
 - For Sullivan Physical Therapy's use in obtaining payment for services provided or in other health care operations;
 - To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your referring physician or insurance company);
 - To another health care provider (such as your referring physician) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with our patients and the PHI pertains to that relationship;
 - For health care fraud and abuse detection or for activities related to compliance with the law;
To a family member, other relative or close personal friend or other individual involved in our patients care if we obtain verbal agreement to do so or if we give our patients an opportunity to object to such a disclosure and you

do not raise an objection. We may also disclose health information to family, relatives or friends if we infer from the circumstances that there is no objection. For example, we may assume our patients' agree to our disclosure of personal health information to their spouse when their spouse has called us for them. In situations where our patients are not capable of objecting (because the patients are not present or due to incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to our patient's family member, relative or friend is in the best interest. In that situation, we will disclose only health information relevant to that person's involvement in our patient care;

- To a public health authority in certain situations (as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease) as required by law;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes and in compliance with workers' compensation laws;
- Any other use or disclosure of PHI, other than those listed above, will only be made with written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **Authorization may be revoked at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

Your Individual Rights:

- **Access, Copy and Inspect PHI:** You have the right to view your PHI at any time. You also have the right to copies at a charge determined by the current law.
- **Alternate Communications:** You have the right to request that we communicate with you about your PHI by alternative means or in alternative locations. We will accommodate any reasonable request if it specifies in writing the alternative means or location.
- **Amendments to PHI:** You have the right to request that we amend your PHI if it contains incorrect information. Such requests must be in writing and contain a detailed explanation for the requested amendment.
- **The right to request an accounting of our use and disclosure of your PHI:** You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of the request.
 - We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations.
 - We also are not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of the medical information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this Notice.
- **The right to request that we restrict the uses and disclosures of an individual's PHI:** You have the right to request that we restrict how we use and disclose your medical information that we have for treatment, payment or health care operations or to restrict the information that is provided to family, friends and other individuals involved in your health care. We are under no obligation to agree to these requests for restrictions; however we will do so as long as it does not interfere with the uses and disclosures listed above. If any restricted information is needed to provide emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment.
- You have a right to a restriction to disclosure of PHI to a health plan for payment if the patient has paid in full for the services and items provided in that visit.

Revisions to this Notice: We may revise our privacy practices and the terms of our NPP at any time as permitted or required by applicable law. We reserve the right to apply a change in our policies to previously received PHI effective immediately. Any material changes to the Notice will be promptly posted in our facilities and posted to our website. You have the right to request a copy of this NPP by paper, email or have it mailed to your address on file. Please contact us and a copy will be made available to you at no cost.

Your Legal Rights and Complaints: We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services at www.hhs.gov/ocr or by calling 1-866-627-7748.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact: Privacy Officer by email to lauren@sullivanphysicaltherapy.com or by mail to Sullivan Physical Therapy, 12411 Hymeadow Dr Bldg, 3 Ste 3B, Austin TX 78750.