

Health in Motion Physical Therapy

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.

This notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or healthcare operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI about you is maintained as a written and/or electronic record. Specifically, services; or (3) your past, present or future payment for your healthcare.

We are required by law to maintain the privacy of your health information and provide you with a copy of this notice. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice, and make the revised on our website. Paper copies will be available upon request.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

FOR TREATMENT: We may use health information about you to prove, coordinate or manage your healthcare and related services. We may disclose health information about you to your doctor, staff or others who are involved in taking care of you and your health. For example, your doctor may be treating you for a heart condition, which we may need to know about to determine the best plan of care.

FOR PAYMENT: We may use and disclose health information, as needed, about you so the treatment and services you receive may be billed, and payment may be collected from you, an insurance company or a third party. For example, this may include certain activities that your health insurance play be undertake before it approves or pays for the healthcare services we recommend for you, such as making a determination of eligibility or coverage of health benefits.

HEALTHCARE OPERATIONS: We may use or disclose, as-needed, your protected health information for our day to day healthcare operations to ensure that you and other patients receive quality care. For example, we may use or disclose PHI relating to the evaluation of patient care, business management activities, quality assessment and improvement, employee reviews legal services, and auditing functions. All disclosures of your PHI will be limited to the minimum necessary or that which is contained in a limited data set.

OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

SPECIAL NOTICES: We may contact you at the address and phone number you provide (including leaving a voice message) about scheduled or canceled appointments, billing and/or payment matters. We may contact you about health related services.

REQUIRED BY LAW: We may use or disclose your health information when required to do so be federal or state law. We must also disclose your protected health information when required by the Secretary of Department of Health and Human Services to investigate or determine our compliance with requirements under the Privacy Rule.

PUBLIC HEALTH RISKS: We may release your health information for public health activities. For example, disclosures related to the quality safety or effectiveness of a product prevention or disease control, to coroners,

medical examiners and funeral directors as needed to perform their duties as required by law, and organ procurement organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.

VICTIMS OF ABUSE, NEGLECT or VIOLENCE: We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of government regulatory programs.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose your health information in the course of an administrative or judicial proceeding in response to a court order. Under most circumstances, when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

LAW ENFORCEMENT: We may disclose your health information for law enforcement purposes.

RESEARCH: Your health information may be used for research purposes in certain circumstances with your permission, or after we receive approval from a special review board whose members review and approve the research project.

TO AVERT A SERIOUS THREAT OR HEALTH OR SAFETY: We may disclose your health information when necessary to prevent a serious threat to your health and safety, or health and safety of a particular person or the general public.

SPECIALIZED GOVERNMENT FUNCTIONS: We may disclose health information for military and veterans' affairs, or national security and intelligence activities.

WORKER'S COMPENSATION: Both state and federal law allow, without your authorization, the disclosure of your health information that is reasonably related to a worker's compensation injury. These programs may provide benefits for work-related injuries or illnesses.

OTHER INVOLVED IN HEALTHCARE: Unless you object, we may disclose to a family member, relative or close friend your PHI that directly relates to that person's involvement in your care. If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of PHI.

INFORMATION NOT PERSONALLY IDENTIFIABLE: We may use disclose health information about you in a way that does not personally identify you or reveal who you are.

NON-CUSTODIAL PARENT: We may disclose PHI about a minor equally to the custodial and non-custodial parent unless a court order limits the non-custodial parent's access to the information.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION: If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. Your decision to revoke authorization will not affect or reverse any use or disclosure that occurred before you notifies us of your decision.

SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL, AND GENETIC INFORMATION: Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Please contact us.

YOUR HEALTH INFORMATION RIGHTS:

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION: You have the right to inspect and obtain a copy of your healthcare information. This includes health and billing records. Your request to inspect and obtain a copy of your healthcare information must be made in writing.

We may deny your request to inspect and copy your PHI in a certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

RIGHT TO AN ELECTRONIC COPY OF ELECTRONIC MEDIAL RECORDS: If your PHI is maintained in an electronic format, you have the right to request an electronic copy of your record to be given to you or transmitted to another individual or entity.

RIGHT TO RECEIVE A SECUTIRY BREACH NOTICE: You have the right to receive written notification if Health in Motion Physical Therapy discovers a breach of unsecured PHI, and determines through a risk assessment that notification is required.

OUT OF POCKET PAYMENTS: If you paid out of pocket in full for a specific item or service, you have the right to request that your PHI with respect to that item or service not be disclosed to a health plan for purpose of payment or health care operations. We are required to agree to your request.

YOU HAVE THE RIGHT TO REQUEST THAT YOU RECEIVE CONFIDENTAIL COMMUNICATIONS: You have the right to request confidential communication from us by alternate means or at an alternate location.

YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE: even if you agreed to receive the notice electronically.

HOW TO EXERCISE YOUR RIGHTS: To exercise your rights described in this notice, you must submit your request in writing to Jurga Napilitano.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our practice. We request that you file your complaint in writing so we may better assist in the investigation of your complain.

You will not be penalized or otherwise retaliated against for filing a complaint.

If you want more information about our privacy practices or have questions please contact:

Jurga Napilitano
Health in Motion Physical Therapy
22000 Pepper Rd Suite I
Lake Barrington, IL 60010
healthinmotiontherapy@gmail.com

Signature: _____

Date: _____