

PHYSIOTHERAPY PROFESSIONALS LLC.

NOTICE OF PRIVACY PRACTICES

This document describes how your health information may be used and disclosed under law and to whom your information may be released. Please read it carefully.

Our legal responsibility: We are required by federal and state law to protect your private health information. We are required to give you a Notice about our privacy practices, our legal duties, and your rights concerning your health information. This Notice takes effect January 2, 2015 and remains in effect until further notice. We reserve the right to amend this policy. Any revisions or amendments will be effective for all your records. Before we make a significant change in our privacy practice, this Notice shall be changed. You may request a copy of our Notice at any time. You may obtain a copy of this notice from our website physiotherapyprofessionals.com. For more information about our privacy practices you may contact our privacy officer listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

As required by law: Your protected health information may be used or disclosed when required by law. Such instances might include: a **public health authority**, i.e. (the CDC) for purposes of controlling communicable diseases, injury or disability; a health **oversight agency**, for activities such as but not limited to audits, investigations, or civil rights concerns; **legal proceedings**, including but not limited to subpoena, discovery request, or other lawful process; **law enforcement purposes**; including but not limited to relating a crime, victim of a crime, criminal conduct, death, or medical emergency where a crime has likely occurred; **national security**, for intelligence, counter intelligence, Presidential protection, or any other circumstance; **military/veterans**, if you are a member, military command authorities may require your health information; **criminal activity** or disclosing information to law enforcement to prevent or lessen a serious or **imminent danger** to any person including **abuse or neglect**.

In Our Health Care Operation: Your protected health information may be used in the following forms in our office. **Coordination of physical therapy services**, for purposes of sharing information between team members including therapists and your physician's office to best provide services for you. **Disclosure to sponsoring insurance**, to the extent that is permitted by law. **Insurance reimbursement and benefits**, to seek certification of benefits and payments from sponsoring insurance plan. **Notification**, we may remind you of appointments or notifying you of cancellations or changes in your benefits. (These reminders may be left with family members or voice mail of the phone numbers you provided.) **Payment**, to gain payment from you for services we provided for you; a third party collection agency or **business associate** may be used. **Medical record filing**, your information may be viewed by our staff and business associates for transcription, legal, and filing purposes and your information may be audited and reviewed to ensure proper payment. **Medical emergency**, in the event that you are incapacitated while in our care, we will disclose (based on our professional judgment) only relative information to the proper persons. We will attempt to locate that person listed as your emergency contact. **Family and Friends**, we may disclose your health information with your verbal or written authorization to family member or friend to help with your health care or payment of your services. **Media release**, we will not use your information for marketing or media purposes without your written consent.

In all instances the minimum amount of **Protected Health information** will be released according to the appropriate federal or state law.

Your Rights: You have the following rights to your protected health information. **Access,** you have the right to look at or get copies of your health information. Your record will only be available for the maximum of the last six years. You must make this request in writing. You must obtain a form from our office to make this request. You may be charged a \$26.58 handling fee, \$1.00 for pages 1-25, .66 per pages 26-50 and .33 for all pages over 50 and the actual shipping/postage costs. If you request an alternative form, we will charge you a cost based fee for providing your health information in that format. You must provide proof of identity when making this request. **Amendments,** You have the right to request that your medical record be amended. You must make this request in writing. Your request may or may not be granted, if granted the amendment will be disseminated to anyone who received the original information. **Restrictions,** you have the right to request that we place further restrictions on the use or disclosure of you health information. We are not required to agree to these requests. **Alternative communication,** You have the right to request that we communicate with you by alternate means or locations. You must make this request in writing. An alternative location and means must be specified in your request including how payment will be made. **Accounting disclosure,** you have a right to receive a list of instances in which we or our business associates disclosed your information for purposes other than treatment, payment, health care operations, or certain other activities. If you request this information more than once in a 12 month period, we may charge you a cost based fee for this service. **Authorization,** You may give us written to authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. **Self-Pay option,** You may choose to be a self-pay patient. Should you do so, you may inform us that you do not wish this information to be shared with your insurance company.

Questions and Complaints

If you have questions, complaints, or want more information concerning our privacy practices, please contact us using the information below. PhysioTherapy Professionals will not take any retaliatory action against you.

Contact Officer:	Billie Jo McAfee	email: BillieJo@physiotherapyprofessionals.com
	2921 Greenbriar Dr. Suite 2-B	Phone: (217) 546-3301
	Springfield, IL 620704	Fax: (217) 546-3302

If you are concerned that we violated your privacy rights in any of the ways mentioned in this Notice you may also contact the US Department of Health and Human Services at HIPAA Compliant Submission Form 7500 Security Blvd. Baltimore, MD 21245.