

Notice of Privacy Practices

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.

University Orthopaedics Physical Therapy is required by state and federal law to maintain the privacy of your Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to PHI. This Notice of Privacy Practices describes how we may use and disclose 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 PHI. PHI is 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 to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this notice at any time. Changes will apply to all PHI that we maintain at that time. Upon request, we will provide you and revised Notice of Privacy Practices.

Uses and Disclosures of PHI

The following describes ways we may use or disclose your protected health information without your authorization. The examples provided are not exhaustive; however, all uses and disclosures for treatment, payment or healthcare operations will fall into one of these categories.

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes disclosure of health information to referring providers or others involved in your care. For examples, evaluations may be provided to the appropriate care is provided.

Payment: We may use and disclose your protected health information to obtain payment for treatment and services rendered. This may include requests from your health insurance plan for purposes such as: making a determination of eligibility or coverage for insurance benefits, reviewing treatments for medical necessity and performing utilization reviews. For example, a bill submitted to an insurance company may include your name, diagnosis, and details of the treatment you are receiving.

Health Care Operations: We may use and disclose your protected health information to support business activities including, but not limited to, quality assessment, employee review, licensing/credentialing, fundraising, business planning, and auditing medical records. For example, we may use your health record to monitor the performance of the staff providing treatment to you.

We may disclose your health information to business associated, as necessary, for the third party to provide a service to us. A written contract outlining the terms that will protect the privacy of your protected health information will be obtained from each business associate prior to the use or disclosure of your protected health information.

We may use and disclose your protected health information to contact you to remind you of your appointments and to provide you with information regarding treatment alternatives or other health-related benefits and services that may be of interest to you. Please notify our Compliance Officer if you would like to request that your information not be used to contact you for these purposes. If you have provided your email address, you may elect to receive this information via email.

We may use and disclose your demographic information and the dates that you received services to contact you as part of a fundraising effort. If you would like to request that you not be contacted for fundraising purposes, please contact our Compliance Officer and all reasonable efforts will be taken for you to not receive any future fundraising communications.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

Required By Law: We will use and disclose your protected health information when required to do so by federal, state, or local law.

Public Health: We may disclose your protected health information to public health agencies for activities with the purpose of preventing or controlling disease, injury, or disability.

Communicable Diseases: We may use or disclose your protected health information to contact you or another individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight agencies include the Department of Health Services (DHS), Department of Health and Human Services (DHHS), and other agencies that oversee the health care system, government benefit programs, regulatory agencies and civil rights laws to perform such activities as audits, investigations, inspections, and licensure.

Abuse or Neglect: We may disclose your protected health information to an authorized government authority if we reasonably believe you are the victim of abuse or neglect. We will only disclose information to the extent allowed by law or if you agree to this disclosure.

Food and Drug Administration (FDA): We may disclose your protected health information to persons or companies under the jurisdiction of the FDA, with respects to quality, safety of effectiveness of FDA - regulated products or activities relative to adverse events, product defects, problems or recalls or to conduct post marketing surveillance.

Legal Proceedings: We may disclose your protected health information in response to any judicial or administrative proceeding. We may also disclose your protected health information in response to a subpoena, discovery request, court order or other legal process but only if efforts have been made to tell you about the request giving you the opportunity to pursue an order protecting the information requested.

Law Enforcement: We may disclose protected health information for law enforcement purposes including legal processes, for identification and location purposes, concerning victims of a crime, in the event a crime occurs on the premises of our practice and in emergency circumstances in which a crime is likely to have occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or other duties authorized by law to enable them to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research: We may disclose your protected health information to researcher 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.

Military Activity and National Security: We may use or disclose protected health information of Armed Forces members as required by military command authorities, for determining benefits through the Department of Veteran Affairs and about foreign military personnel to the appropriate foreign military authority. We may also use and disclose your protected health information to federal officials concerning national security, intelligence activities, protective services to the President and other activities authorized by law.

Workers' Compensation: We may use and disclose protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Inmates: We may use and disclose protected health information if you are an inmate of a correctional facility to the institution or its agents, the health information necessary for your health and the health and safety of other individuals.

Others Involved in Your Health Care or Payment for your Care: We may disclose your protected health information to a family member, relative, close friend or any other person you identify, information directly relevant to that person's involvement in your care or payment of your care, unless you otherwise object.

Other Uses and Disclosures: Uses and disclosure of your protected health information will be made only following your written authorization for purposes other than as described above or as permitted or required by law. You may revoke an authorization in writing at any time and we will no longer use or disclose your protected health information as indicated in the authorization except to the extent that we have already acted in accordance with the authorization.

YOUR RIGHTS

The following are your rights regarding your protected health information:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your protected health information that we use to make decisions about you for so long as we maintain the information. You must submit a written request in order to inspect and/or receive a copy of your records and as permitted by federal or state law, we may charge you a reasonable fee to fulfill your request. We may deny your request to inspect and/or copy your records in certain limited circumstances under federal law. If you are denied access to your records, you may request that the denial be reviewed.

Right to Request a Restriction: You have the right to request that we not use or disclose any part of your protected health information of treatment, payment or health care operations. You also have the right to request that any part of your protected health information not be disclosed to family, relatives, or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

We are not required to agree to a restriction request except to the extent such disclosure is to a health plan for purposes of payment but not for treatment or healthcare operations, and you have paid for the services in full and out of pocket: however, if we do agree to the requested restriction we shall honor that agreement unless it is needed to provide emergency treatment. You may request a restriction by contacting our Compliance Officer.

Right to Request to Receive Confidential Communication: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate all reasonable requests without requesting an explanation from you as to the reason for this request. To make a request of this nature, please contact Compliance Officer.

Right to Amend: You have the right to request an amendment of protected health information about you that you feel is incorrect or incomplete. To request an amendment you must send a written request to our Compliance Officer, including a reason that supports your request. In certain cases, we may deny your request for amendment.

Right to Receive an Accounting of Disclosure: You have the right to receive an accounting of the disclosures we have made of your protected health information of purposes other than treatment, payment or health care operations. An accounting of disclosures made through an electronic health record will also account for disclosures for the treatment, payment, and healthcare operations purposes, during the three years prior to your request, at such time as the Secretary of the Department of Health and Human Services provides regulations addressing this requirement. It may also exclude any disclosures made based on your written authorization and a limited number of special circumstances including for national security, law enforcement, and correctional institutions. To obtain this account, you must submit your request in writing to our Compliance Officer stating the time period for which you want an accounting and not including dates more than six years prior to the request. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations.

Right to Obtain a Paper Copy of This Notice: You have the right to request a paper copy of this notice, even if you have agreed to accept this notice electronically. You may ask us to give you a copy of this notice at any time.

Changes to This Notice

We reserve the right to change the terms of this notice and to make the new provisions effective for the health information we maintain at that time. We will post a copy of the current notice at each affiliated site and on our website with its effective date clearly stated.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Compliance Officer of your complaint. You will not be penalized or otherwise retaliated against for filing a complaint.

You may contact the office manager at 404-299-1700 for further information about the complaint process.

This notice was published and becomes effective March 2011.
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