

# Arroyo Physical Therapy Notice of Privacy Practices

as required by the Privacy Regulations created as a result of the  
Health Insurance Portability and Accountability Act of 1996 (HIPPA)

## **OUR COMMITMENT TO PRIVACY:**

Our practice is dedicated to the maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding your and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you this notice of our legal duties and privacy practices that we maintain in our practice concerning your PHI. Be federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

## **IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:**

Kathleen McGuire, PT, DPT, or Jeremy Cowin, PTA, 2693 E Washington Blvd, Pasadena, CA 91107, 626-593-2283 or via email: [Info@ArroyoPT.com](mailto:Info@ArroyoPT.com)

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI):**

Following are examples of the types of uses and disclosures of your PHI that we, the provider, are permitted to make. These examples are not meant to be exhaustive, however, are provided to describe the types of uses and disclosures.

**Treatment:** We will disclose you PHI to provide, coordinate or manage your health care and any related services. For example: your PHI may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose and treat you.

**Payment:** Your PHI will be used, as needed, in activities related to obtaining payment for your health care and any related services. For example, obtaining approval for physical therapy treatment may requires that your relevant PHI be disclosed to your health insurance company or governmental plan to obtain approval.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has done and documented in your medical records.

**Business Associates:** We may share your PHI with a third party "business associate" that performs various activities (e.g. billing, transcription services, etc.) Whenever an arrangement between us and a business associate is involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**Marketing:** We may use or disclose certain health information in the course of providing you with information about treatment alternatives, health-related services and fund raising. you may contact us to request that these materials not be sent to you.

## **WRITTEN AUTHORIZATION:**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. you may revoke your authorization, at any time, in writing.

## **OPPORTUNITY TO OBJECT:**

We may use and disclose your PHI in the following instances. You have the opportunity to object. If you are not present or able to object, they your provider may using professional judgement, determine whether the disclosures is/are in your best interest.

**OTHERS INVOLVED IN YOUR HEALTHCARE:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care.

**EMERGENCIES:** In an emergency treatment situation, we will provide you a Notice of Privacy Practices as soon as reasonable practical after the delivery of treatment.

## **COMMUNICATION BARRIERS:**

We may use and disclose your PHI if we have attempted to obtain acknowledgment from you of our Notice of Privacy Practices but have been unable to so do due to substantial communication barriers and we determine, using profession judgement, you you would agree.

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**WITHOUT OPPORTUNITY TO OBJECT:**

We may use or disclose your PHI in the following situation without your authorization or opportunity to object:

**Public Health:** for public health purposes to a public health agency or to a person who is at risk of contracting or spreading your disease.

**Health Oversight:** to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.

**Abuse or Neglect:** to an appropriate authority to report child abuse or neglect, and/or if we believe that you have been a victim of abuse, neglect or domestic violence.

**Food and Drug Administration:** as required by the Food and Drug Administration to track products.

**Legal Proceedings:** in the course of legal proceedings.

**Law Enforcement:** for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

**Coroners, Funeral Directors and Organ Donation:** for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.

**Research:** to researcher when their research has been approved by an Institutional Review Board or Privacy Board.

**Soldiers, Inmates and National Security:** to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate disclosures of PHI.

**Workers' Compensation:** to comply with workers' compensation laws.

**Compliance:** to the Department of Health and Human Services to investigate our compliance.

**YOU HAVE THE RIGHT TO:**

**Inspect and Copy your PHI:** However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.

**Request a Restriction of your PHI:** You may ask us not to disclose certain parts of your PHI for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friend(s) that may be involved in your care. Your request MUST state the specific restriction requested and to whom you want the restrictions to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

**Request to receive confidential communication from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis of the request.

**Ask us to Amend your PHI:** You may request an amendment to protected PHI about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

**Receive an Accounting of Certain Disclosures We May Have Made:** This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Obtain a Paper Copy of this Notice from Us:** Upon request, even if you have agreed to accept this notice electronically.