



HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: **April 14, 2003**

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

If you have any questions about this notice, please contact the HPT HIPAA Compliance & Privacy Officer at (623) 742-7338.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of Harper Physical Therapy, Inc. (HPT) and:

- Any health care professional authorized to enter information into your medical record
- All departments, clinics and units
- HPT employees, staff and other personnel

All of the above entities, sites and locations (the "HPT System") may share medical information with each other for treatment, payment or operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the HPT System, whether made by HPT personnel or your personal doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We will provide medical information about you to doctors, nurses, technicians, medical students, residents, or other personnel who are involved in taking care of you. We may use and disclose medical information about you in order to communicate with you about available treatment for instance, to send you appointment reminders, or to offer wellness and other educational programs, or to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside the HPT System who provide services that are related to your care, such as hospitals, home health agencies or medical equipment suppliers.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or another third party. For example, we may need to give your health plan information about physical therapy you received so your health plan will pay us or reimburse you for the treatment. We

may also tell your health plan about a treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover the rest of the treatment.

For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the HPT System and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the HPT System should offer, what services are not needed, and whether certain new treatments are effective. We may also provide information to doctors, nurses, technicians, students, and other personnel and trainees for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so that others may use it to study health care and health care delivery without learning who you are.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include computer maintenance by outside companies and billing by outside medical billing services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. We require business associates to appropriately safeguard your information.

Patient Information. Unless you notify us that you object, we will use your name, facility name and your location within the facility, general condition, and religious affiliation to respond to questions about you from persons who ask for you by name, if you are an inpatient. This information and your religious affiliation also may be provided to members of the clergy. If you do not want some or all of this information used for this purpose, please notify the HPT HIPAA Compliance & Privacy Officer at (623) 742-7338.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and, if you are an inpatient, the name of facility where you are receiving care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Other Care Providers. We may disclose medical information to health care professionals who have cared or currently are caring for you, such as rescue squads, a referring hospital and its physicians, or a nursing home medical director, for them to use in treating you, seeking payment for treatment, and certain health care operations, such as evaluating the quality of their care and the performance of their staff, providing training, and licensing and accreditation reviews.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent an immediate, serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report endangering disabilities of drivers and pilots
- to report abuse or neglect of children, the elderly and incompetent patients;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the facility; and about wounds made by certain weapons.

Medical Examiners and Funeral Directors. We may release medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of the facility. to funeral directors as necessary to carry out their duties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical and billing records. To inspect and copy your medical records or your billing records, you must submit your request in writing to HPT HIPAA Compliance & Privacy Officer, Harper Physical Therapy, Inc., 41818 N Venture Drive # 120 Anthem, AZ 85086 or call (623) 742-7338.

If you request a copy of the information, we may charge a fee for costs of copying and mailing.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by HPT will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the HPT System. To request an amendment, your request must be made in writing and submitted to HPT HIPAA Compliance & Privacy Officer, Harper Physical Therapy, Inc., 41818 N Venture Drive # 120 Anthem, AZ 85086.

In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless you can show the person or entity that created the information is no longer available to make the amendment; if so, we will add your request to the information record;
- Is not part of the medical information kept by or for the HPT System;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of medical information about you that were not for treatment, payment or health care operations and of which you were not previously aware.

To request this list of accounting of disclosures, you must submit your request in writing to HPT HIPAA Compliance & Privacy Officer, Harper Physical Therapy, Inc., 41818 N Venture Drive # 120 Anthem, AZ 85086. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing contact the HPT HIPAA Compliance & Privacy Officer at 623-742-7338. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Alternative Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request alternative communications, you must make your request in writing, contact the HPT HIPAA Compliance & Privacy Officer at 623-742-7338. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact the HPT HIPAA Compliance & Privacy Officer at 623-742-7338.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in registration and admission areas of the HPT System. The notice will contain on the first page, in the top left-hand corner, the effective date. In addition, each time you register at or are admitted to the HPT System for treatment or health care services, we will have copies of the current notice available on request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the HPT System or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the HPT HIPAA Compliance & Privacy Officer at 623-742-7338. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you for a particular purpose, you may revoke that permission, in writing, at any time by contacting the HPT HIPAA Compliance & Privacy Officer at 623-742-7338. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

MORE INFORMATION

For more information, contact the HPT HIPAA Compliance & Privacy Officer at 623-742-7338.