



## **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.

### **Our Obligation to You**

We collect information from you and use it to provide you with quality care, and to comply with certain legal requirements. We are required by law to maintain the privacy of your health information, and to give you this Notice of our legal duties, our privacy practices, and your rights. We are required to follow the terms of our most current Notice. When we disclose information to other persons and companies to perform services for us, we will require them to protect your privacy. There are other laws we will follow that may provide additional protections, such as laws related to mental health, alcohol and other substance abuse, and communicable disease or other health conditions.

### **How We May Use and Disclose Your Health Information**

#### **A. Treatment**

We may use and disclose your health information to provide treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. We may use and disclose your health information among physical therapists, physical therapy assistants, athletic trainers, aides, students and other personnel who are involved in taking care of you at our facilities or with such persons outside our facilities. We may use or share information about you to coordinate the different services you need. We may disclose information about you to people outside our facilities who may be involved in your care after you leave, such as family members, home health agencies, physicians, nursing homes, clergy, and others. We may give information to your health plan or another provider to arrange a referral or consultation.

#### **B. Payment**

We may use and disclose your health information so that we can receive payment for the treatment and services that were provided. We may share this information with your insurance company or a third party used to process billing information. If you pay for your health care entirely out-of-pocket, you may request that we not share your information with your insurance company. We may contact your insurance company to verify what benefits

you are eligible for, to obtain prior authorization, and to tell them about your treatment to make sure that they will pay for your care. We may disclose information to third parties who may be responsible for payment, such as family members, or to bill you. We may disclose information to third parties that help us process payments, such as billing companies, claims processing companies, and collection companies.

#### C. Healthcare Operations

We may use and disclose your health information as necessary to operate our facilities and make sure that all of our patients receive quality care. We may use health information to evaluate the quality of services that you received, or the performance of our staff in caring for you. We may use health information to improve our performance or to find better ways to provide care. We may use health information to grant medical staff privileges or to evaluate the competence of our health care professionals. We may use your health information to decide what additional services we should offer and whether new treatments are effective. We may disclose information to students and professionals for review and learning purposes. We may combine our health information with information from other health care facilities to compare how we are doing and see where we can make improvements. We may use health information for business planning, or disclose it to attorneys, accountants, consultants and others in order to make sure we are complying with the law. We may remove health information that identifies you so that others may use the de-identified information to study health care and health care delivery without learning who you are.

#### D. Health Information Exchanges

We may participate in health information exchanges to facilitate the secure exchange of your electronic health information between and among several health care providers or other health care entities for your treatment, payment, or other healthcare operations purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, doctors offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so each of us can provide better treatment and coordination of your healthcare services.

#### E. Appointment Reminders and Service Information

We may use or disclose your health information to contact you to provide appointment reminders, or to let you know about treatment alternatives or other health related services or benefits that may be of interest to you.

#### F. Individuals Involved in Your Care

We may give your health information to people involved in your care, such as family members or friends, unless you ask us not to. We may give your information to someone who helps pay for your care. We may share your information with other health care

professionals, government representatives, or disaster-relief organizations, such as the Red Cross, in emergency or disaster-relief situations so they can contact your family or friends or coordinate disaster-relief efforts.

#### G. Fundraising Activities

We depend extensively on private fundraising to support our health care missions. We may use your name and other limited information to contact you, including the dates of your care, but not your treatment information, so that we may provide you with an opportunity to make a donation to our fund raising programs. If we do contact you for fundraising purposes, you will be told how you may ask us not to contact you in the future.

#### H. Research

We may use or disclose your health information for research that has been approved by one of our official research review boards, which has evaluated the research proposal and established standards to protect the privacy of your health information. We may use or disclose your health information to a researcher preparing to conduct a research project.

#### I. Organ and Tissue Donation

We may use or disclose your health information in connection with organ donations, eye or tissue transplants or organ donation banks, as necessary to facilitate these activities.

#### J. Public Health Activities

We may disclose your health information to public health or legal authorities whose official activities include preventing or controlling disease, injury, or disability. We may disclose health information to coroners, medical examiners, and funeral directors as allowed by the law to carry out their duties. We may use or disclose health information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may use or disclose health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

#### K. Serious Threat to Health and Safety

We may use or disclose your health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. We will only disclose health information to someone reasonably able to help prevent or lessen the threat, such as law enforcement or government officials.

#### L. Required by Law, Legal Proceedings, Health Oversight Activities, and Law Enforcement

We will disclose your health information when we are required to do so by federal, state and other law. For example, we may be required to report victims of abuse, neglect or domestic violence, as well as patients with gunshot and other wounds. We will disclose your health information when ordered in a legal or administrative proceeding, such as a

subpoena, discovery request, warrant, summons, or other lawful process. We may disclose health information to a law enforcement official to identify or locate suspects, fugitives, witnesses, victims of crime, or missing persons. We may disclose health information to a law enforcement official about a death we believe may be the result of criminal conduct, or about criminal conduct that may have occurred at our facility. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

**M. Specialized Government Functions**

If you are in the military or a veteran, we will disclose your health information as required by command authorities. We may disclose health information to authorized federal officials for national security purposes, such as protecting the President of the United States or the conduct of authorized intelligence operations. We may disclose health information to make medical suitability determinations for Foreign Service.

**N. Correctional Facilities**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

**O. Workers Compensation**

We may disclose your health information as required by applicable workers compensation and similar laws.

**Uses and Disclosures Requiring Your Written Authorization**

Other uses and disclosures of your health information not covered by this Notice, or the laws that govern us, will be made only with your written authorization. Sending marketing materials to you and the disclosure of highly confidential information are subject by law to requiring your written authorization. You may revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.

**Your Privacy Rights Regarding Your Health Information**

**A. Right to Obtain a Copy of This Notice**

We will post a copy of our current Notice in our facilities. A copy of our current Notice will be available at our registration areas or upon request. To request a copy of our current Notice of Privacy Practices, please call 508-721-0000.

B. Right to See and Copy Your Health Record

You have the right to look at and receive a copy of your health record or billing record. To do so, please contact the facility where you received treatment, or the Privacy Officer listed below. You may be required to make your request in writing. If you would like a copy of your health record, a fee may be charged for the cost of copying or mailing your record, as permitted by law. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

C. Right to Update Your Health Record

If you believe that a piece of important information is missing from your health record, you have the right to request that we add an amendment to your record. Your request must be in writing, and it must contain the reason for your request. To submit your request, please contact the facility where you received treatment, or the Privacy Officer listed below. We may deny your request to amend your record if the information being amended was not created by us, if we believe that the information is already accurate and complete, or if the information is not contained in records that you would be permitted by law to see and copy. Even if we accept your amendment, we will not delete any information already in your records.

D. Right to Get a List of the Disclosures We Have Made

You have the right to request a list of the disclosures that we have made of your health information. The list will not contain disclosures from paper medical records that we have made for the purposes of treatment, payment and health care operations. It will not contain disclosures that were authorized by you, and certain other disclosures excluded by law. The list will not contain disclosures that were made before April 14, 2003. If your records are kept using electronic medical records, the list of disclosures will include those we have made for the purposes of treatment, payment and health care operations starting with all disclosures made after January 1, 2014. The list will be limited to disclosures for a three-year period prior to the date of your request. Your request must be in writing. To request a list of disclosures, please contact the facility where you received treatment, or the Privacy Officer listed below. The first list you request in a 12-month period is free. For additional lists, we may charge a fee, as permitted by law.

E. Right to Request a Restriction on Certain Uses or Disclosures

You have the right to request that we limit how we use and disclose your health information. We are legally required to accept certain requests to not disclose health information to your health plan for payment or healthcare operations purposes if you have paid in full out of your own pocket for the item or service. We are not legally required to accept any other request for a restriction, but we will consider your request. If we do accept it, we will comply with your request, except if you need emergency treatment. Your request must be in writing. To submit a request, please contact the facility where you received treatment, or the Privacy Officer listed below.

F. Right to Choose How You Receive Your Health Information

You have the right to request that we communicate with you in a certain way, such as by mail or fax, or at a certain location, such as a home address or post office box. We will try to honor your request if we reasonably can. Your request must be in writing, and it must specify how or where you wish to be contacted. To submit a request, please contact the facility where you received treatment, or the Privacy Officer listed below.

**Changes to This Notice of Privacy Practices**

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in common areas throughout our clinics. You may also obtain any new notice by contacting our Privacy Officer.

**Contact Person**

If you believe your privacy rights have been violated, you may file a complaint in writing with the contact person listed below. We will take no retaliatory action against you if you file a complaint about our privacy practices. If you would like to file a complaint with us or with the Secretary of the Department of Health and Human Services, please contact our Privacy Officer listed below.

If you have questions about this Notice, or would like to exercise your Privacy Rights, please contact the facility where you received treatment, or contact our Privacy Officer:

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