



Healing Motion, PC
PHYSICAL THERAPY & WELLNESS CENTER

MYOFASCIAL RELEASE, PHYSICAL THERAPY
PILATES, GYROTONIC®,
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NOTICE OF PRIVACY PRACTICES

(As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

EFFECTIVE DATE: JUNE 1, 2008

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding you 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 also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

1. How we may use and disclose your PHI,
2. Your privacy rights regarding your PHI,
3. Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

If you have questions about this Notice, please contact:

J.C. Potts, Privacy Officer
Healing Motion, PC
5840 Ellsworth Ave, Suite 302
Pittsburgh, PA 15232

HOW HEALING MOTION, PC MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your treating clinician, our office staff, and other individuals involved in your care outside of our facility for the purpose of providing you with the best physical therapy treatment and care. In addition, your protected health information may also be used and disclosed to ensure payment of your healthcare bills.

Treatment. Healing Motion, PC may use your protected health information to provide you with the appropriate physical therapy services to fit your needs. Our office may disclose your medical information to doctors, nurses, technicians, medical students, family members, and any additional authorized personnel involved in your care. When required to disclose any of your personal information, we require that we first receive your consent before releasing any of your information.

Payment. Your protected health information may be used to receive payment of your physical therapy services. Your insurance company may require portions of your protected health information before it can approve or pay for the physical therapy services we have recommended for you. Your health information may therefore be critical in determining eligibility or coverage for insurance benefits, reviewing services for medical necessity and undertaking utilization review activities.

Healthcare Operations. If necessary, Healing Motion, PC may use or disclose your protected health information to support the business activities of your healthcare provider and this physical therapy office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of physical therapy students, and conducting or arranging for other business activities. Your information may be used to evaluate the performance of our staff, to assess the quality of our care, to compare your progress and treatment outcomes to similar patient cases, to improve our facilities and services, and to continually improve the quality and effectiveness of the physical therapy services we provide. In addition, our office staff may call you by name in the waiting room when your clinician is ready to see you and/or when contacting you at home or at work to remind you of an appointment.

Our office staff may share your protected health information with third party business associates that perform activities, such as billing, for Healing Motion, PC. Whenever an arrangement between our facility and a business associate involves the use or disclosure of your protected health information, we will have a written contract containing terms that will protect the privacy of your protected health information. When necessary, we may also use or disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

OTHER PERMITTED/REQUIRED USES AND DISCLOSURES ALLOWED WITH YOUR AUTHORIZATION OR DECISION TO OBJECT.

At anytime you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physical therapist may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your physical therapy services will be disclosed.

Others Individuals Involved in Your Healthcare. Unless you choose to object, Healing Motion, PC may disclose your protected health information to a person that you identify (i.e.

family member, close friend, etc.) who is directly involved in your physical therapy treatment. If you are unable to agree or object to such a disclosure, we may disclose necessary information if we determine that it is in your best interest based on our professional judgment. Healing Motion, PC may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition or death.

OTHER PERMITTED/REQUIRED USES AND DISCLOSURES ALLOWED WITHOUT YOUR AUTHORIZATION OR DECISION TO OBJECT.

Required By Law. Healing Motion, PC may use or disclose your protected health information to the extent that is required by law. This use or disclosure will be made in compliance with the law and will be limited to the specific requirements of the law. You will be notified of any such uses or disclosures.

Public Health. Healing Motion, PC may disclose your protected health information for public health purposes to individual(s) that are permitted by law to conduct or receive such information. The disclosure will be made for the purpose of controlling disease, injury, or disability to you and/or to others. We may also disclose your protected health information, if directed by a public health authority, to a collaborating foreign government public health agency.

Communicable Diseases. If authorized by law, Healing Motion, PC may disclose your protected health information to any individual who may have been exposed to an infectious disease and may be at risk for contracting or spreading the infection.

Health Oversight. Healing Motion, PC may disclose protected health information to a health oversight agency for government authorized actions including audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect. Healing Motion, PC may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. Our office may disclose your protected health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect and/or domestic violence. Such disclosures will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration. When required by the Food and Drug Administration, Healing Motion, PC may disclose your protected health information to an authorized individual or company. For example, these actions may take place to enable product recalls, to make repairs or replacements, to conduct post marketing surveillance, and/or to track and report product defects or problems.

Legal Proceedings. In response to a court order, Healing Motion, PC may disclose protected health information during any judicial or administrative proceeding under specific conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. As long as applicable legal requirements are met, Healing Motion, PC may disclose protected health information for law enforcement purposes. Such law enforcement purposes may include: legal processes and those otherwise required by law; information requests for identification and location purposes in a crime investigation; suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of Healing

Motion, PC; and/or, a medical emergency occurring off Healing Motion, PC's premises under criminal investigation.

Coroners, Funeral Directors and Organ Donations. Healing Motion, PC may disclose protected health information to a coroner/medical examiner for identification purposes in determining cause of death or for the coroner/medical examiner to perform other duties enforced by law. When authorized by law, Healing Motion, PC may also disclose protected health information to a funeral director in order to allow the funeral director to carry out their duties. Protected health information may also be used and disclosed for the purpose of cadaveric organ, eye or tissue donation.

Research. After a research proposal has been approved by an institutional review board, Healing Motion, PC may disclose your protected health information to authorized researchers. All reviewed research proposals must have established ethical protocols to ensure the privacy of your protected health information.

Criminal Activity. Consistent with applicable federal and state laws, Healing Motion, PC may disclose your protected health information if it is believed that the use or disclosure is imperative to prevent or reduce a threat to the safety and/or health of the public. Healing Motion, PC may also disclose protected health information if it is compulsory for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. Under the appropriate circumstances, Healing Motion, PC may use or disclose Armed Forces Personnel's protected health information for activities deemed essential by military command authorities and for the purpose of determining eligibility of benefits by the Department of Veterans Affairs and/or a foreign military authority (if you are a member to that foreign military service). Our office staff may also disclose your protected health information to an authorized federal officer when conducting national security and intelligence activities, including the provision of protective services to the president or other legally authorized individuals.

Workers' Compensation. Your protected health information may be disclosed by Healing Motion, PC to comply with workers compensation laws and other similar legally established programs as authorized.

Required Uses and Disclosures. Under the law, Healing Motion, PC must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq., Privacy of Individually Identifiable Health Information.

YOUR RIGHTS

◆ You have the right to inspect and copy your protected health information. You may obtain, review, and/or inspect a copy of your protected health information at anytime for as long as Healing Motion, PC retains your physical therapy and general health records. This may include medical and billing records from this office and any other records that your healthcare provider and Healing Motion, PC use for making decisions regarding your treatment.

However under federal law you are not entitled to inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and, protected health information that is subject to law that prohibits access to projected health information. A decision to deny access to your records may be reviewed, depending on the circumstances. Please contact our office if you have

any questions about accessing your medical record. If you request a copy of the information, please understand we may charge a fee for the costs of retrieving, copying, mailing and any other supplies associated with your request.

◆ You have the right to request a restriction of your protected health information. You have the right to ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. Additionally, you may request that any part or all of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices above. These types of requests must state the specific restriction you are requesting and those individuals to whom you want the restriction to apply.

Your treating clinician is not required by law to agree to such restrictions you may request. If the treating clinician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information may not be restricted. If your treating clinician does agree to your restriction request, Healing Motion, PC may not use or disclose your protected health information unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction requests with your treating clinician.

◆ You have the right to request to receive confidential communication from Healing Motion, PC by alternative means or at an alternative location. You have the right to request that we communicate with you about your medical matters in a particular way or at a particular location. Under these circumstances, Healing Motion, PC may also ask you about how payment might be handled and/or specification of an alternate address, phone number, or other means of contact. Healing Motion, PC will not ask you for an explanation of your request and we will try our best to grant all reasonable requests. Please submit your requests in writing to Healing Motion, PC.

◆ You may have the right to have your treating clinician amend your protected health information. You may request an amendment of your protected health information within your patient records for as long as Healing Motion, PC maintains your records. If Healing Motion, PC denies your request for an amendment, you have the right to file a statement of disagreement. Healing Motion, PC has the opportunity to rebut your statement of disagreement and, if this is done, Healing Motion, PC will provide you with a written copy of the rebuttal. If you have a question about amending your medical record, please contact a member of the Healing Motion, PC staff.

◆ You have the right to receive a statement of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy

Practices. This right excludes disclosures that Healing Motion, PC may have made to you, to designated family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 13, 2003. Certain exceptions, restrictions, and limitations to the right to receive disclose information may apply.

◆ You have the right to obtain a paper copy of this notice from Healing Motion, PC. You may request a copy of this notice at any time.

Complaints: If you believe that Healing Motion, PC has violated your privacy rights, you may file a complaint with the Secretary of Health and Human Services and/or with Healing Motion, PC directly. Under no circumstances will Healing Motion, PC retaliate against you for filing a complaint. All complaints must be submitted in writing with the Privacy Officer listed at the beginning of this document.