

DYNAMIC BRACING & PHYSICAL THERAPY, INC
NOTICE OF INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

At Dynamic Bracing & Physical Therapy, Inc., we are committed to maintaining the privacy of your Protected Health Information (PHI) and Electronic PHI as required by federal and state law. The law also requires us to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. **This notice takes effect April 14, 2003, and will remain in effect until we replace it.**

Protected health information (PHI), under the US Health Insurance Portability and Accountability Act (HIPAA), is any information about health status, provision of health care, or payment for health care that can be linked to an individual. This is interpreted rather broadly and includes any part of a patient’s medical record or payment history.

OUR RESPONSIBILITIES TO PROTECT YOUR PERSONAL INFORMATION

We are required by law to:

- protect the privacy of your health information;
- provide this Notice explaining our duties and privacy practices regarding your health information; and
- abide by the terms of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use or disclose your health information without your specific authorization for the purposes described below. For other purposes, we will request your specific authorization in writing, which you may grant or reject. If granted, you can revoke the authorization at any time by letting us know in writing.

Treatment: We may use your health information for treatment or disclose it to a dentist, physician or other health care provider providing treatment to you. For example, information obtained by us will be recorded in your record and used to determine your course of treatment. Copies of these records, as well as other reports will be provided to other providers participating in your care to assist them in treating you if you are referred to them for consultation.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities. For example, a bill for treatment rendered may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may be required to forward additional information to substantiate the medical necessity of the care delivered.

Health Care Operations: We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, and to ensure that you and other patients receive quality care. For example, members of our quality improvement team may use the information in your health record to assess the care and outcomes in your case and others like it. The information will then be used to continually improve the quality & effectiveness of the healthcare and service we provide.

Business Associates: We may disclose your health information to our Business Associates, which are entities or individuals that are not employed by us that perform health care operations or payment activities on our behalf which requires the collection, use or disclosure of your personal information. We must have contracts with our Business Associates that require them to maintain the confidentiality of your personal information. Examples include services by laboratories, copy services, and transcription services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters). If you do not wish to be contacted for appointment reminders, you must notify us in writing at the address listed at the end of this Notice. If Dynamic Bracing & Physical Therapy, Inc & Physical Therapy, Inc receives this written notice, we will not use your information for these purposes.

Individuals involved in your care: We may disclose your health information to a family member, friend or other designated person to the extent necessary to help with your care or payment for your care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present or in the event of your incapacity or emergency, we will disclose your medical information based on our professional judgment of whether the disclosure is in your best interest. We may use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information. We may also use or disclose information about you to notify or assist in notifying.

Public Health and Safety: We may use or disclose your health information to the extent necessary to avert a serious and imminent threat to your health or the safety or health of others. We may also use or disclose your health information, as required by law, to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Legal Proceedings: We may disclose your health information in response to a court order or administrative order, subpoena, discovery request or other lawful process.

Workers' Compensation: We may disclose your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Law Enforcement and Correctional Institution: We may disclose health information for law enforcement purposes as required by law. If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, provided that we or our business associate believe in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

YOUR RIGHTS REGARDING PERSONAL INFORMATION

You have the following rights regarding your health information that we maintain about you.

Inspection: You have the right to request inspection and receive a copy of your personal information.

Amendment: If you feel the health information that we maintain about you is incorrect or incomplete, you have the right to request amendment to your personal information.

Restriction Request: You have a right to request a restriction or limitation on the personal information we use or disclose about you for treatment, payment and health care operations activities or disclosures to individuals involved in your care. Dynamic Bracing & Physical Therapy, Inc is not required to agree to your request.

Confidential Communications: If you believe that disclosure of all or part of your health information may endanger you, you have the right to request that we communicate with you about health matters at an alternative location. For example, you may ask that we only contact you at your work address.

Accounting of Disclosures: You have the right to an accounting of disclosures we have made for purposes other than for treatment, payment, health care operations, or that you specifically authorized. Your request may be for disclosures made up to six (6) years before the date of your request, but not for disclosures made before April 14, 2003. Dynamic Bracing & Physical Therapy, Inc may charge you a reasonable fee for the costs of copying, mailing and supplies associated with your request.

All of these requests must be made to our office in writing. Except for accounting of disclosures, we will evaluate each request and communicate to you in writing whether or not we can honor the request. There are instances when we cannot honor your request. For example, we will not amend personal information that was not created by us unless the person or entity that created the information is no longer available to make the amendment. We may also charge a reasonable fee for the costs of copying, mailing and supplies associated with your inspection and amendment requests.

CHANGES TO THIS NOTICE

Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the health information about you that we maintain, including health information we created or received before we revised the Notice. If we make any changes to our privacy practices, we will post a copy of the revised Notice in our office, and we will notify you of the revised Notice the next time you come to our office for treatment. You are entitled to request a copy of the Notice currently in effect.

REPORTING A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with our office at the address listed below, or with the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized if you file a complaint about our privacy practices.

CONTACT INFORMATION

You may exercise your rights described in this Notice, or ask questions about these rights, by contacting us at:

DYNAMIC BRACING & PHYSICAL THERAPY, INC
Address: 511 S. Pine St. Suite A
Spokane, WA 99202
Telephone: 509-325-9144

I acknowledge receipt of a copy of this Notice:

By: _____ Date: _____