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HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 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 THIS INFORMATION CAREFULLY

If you have any questions about this notice, please contact Elite Physical Therapy and Wellness Center.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA" we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. This explanation also describes your rights to the health information we keep about you, and describes certain obligations we have regarding the use and disclosure of your health information.

WE ARE REQUIRED BY LAW TO:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practice with respect to health information about you; and
- Follow the terms of the notice that are currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe ways that we use and disclose health information. 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 health information about you to provide you with health care treatment or services. WE may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at another doctor's office, or other health care provider to whom we may refer you for consultation, to take x-rays, or for other treatment purposes.

FOR PAYMENT: We may use and disclose health information about you so that the treatment and services you receive us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. 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 treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where there are room for improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

AS REQUIRED BY LAW: We will disclose health 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 health information about you when necessary to prevent a serious threat to your health and safety, the health and safety of the public, or the health and safety of 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 or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

WORKERS' COMPENSATION: We may release health 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 health information about you for public health activities. The activities generally include the following:

- To report child abuse or neglect;
- To report births and deaths;
- To prevent or control disease, injury, or disability
- To notify people of recalls of products they may be using;

- To report reactions to medications or problems with products;
- To notify a person or organization required to receive information on FDA-regulated products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHTS ACTIVITIES: We may disclose health 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 health information about you in response to a court or administrative order. We may also disclose health 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 requisition.

LAW ENFORCEMENT: We may release health information if asked to do so by a law enforcement official:

- In reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime;
- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
 - Name and Address
 - Date of Birth or Place of Birth
 - Social Security Number
 - Type of Injury
 - Date and Time of Treatment if applicable
 - A description of distinguishing physical characteristics
- About the victim of a crime, if the victim agrees to disclosure or under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

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

RIGHT TO REVIEW AND COPY: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Briana Young, Office Administrator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another healthcare professional chosen from within our practice 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 the health 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 we keep the information. To request an amendment, our request must be made in writing, submitted to a staff member of Elite Physical Therapy and Wellness Center and must be contained on one page of legibly handwritten or typed in at least 10-point font size. In addition, you must provide a reason that supports your request for an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST FOR RESTRICTIONS IF IT IS NOT FEASIBLE FOR US TO ENSURE OUR COMPLIANCE OR BELIEVE IT WILL NEGATIVELY IMPACT THE CARE WE MAY PROVIDE YOU.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicated with you about medical/health matters in a certain location. For example, you can ask that we only contact you at home.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make revisions or changes to this notice effective for health information we already have about you as well as any information we receive in the future. We will provide an updated copy of this notice upon your verbal request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact a staff member of Elite Physical Therapy and Wellness Center. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you under any circumstance 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 for the care that we provided to you.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are unable to sign, a staff member will sign their name and date. This acknowledgement will be filed with your records.