

Mary Lou Corcoran Physical Therapy

Notice of Privacy Practices

Effective Date: 06/25/2020

Patient Health Information (PHI):

Under federal law, your patient health information (PHI) is protected and confidential. Patient health information (PHI) includes information about your symptoms, test results, diagnosis, treatment, related medical information, personal identifiers, payment, billing and insurance information. We are committed to protect the privacy of your PHI under HIPAA, the Health Insurance Portability and Accountability Act.

How we use your patient health information (PHI):

- **Treatment:** We will use and disclose your PHI to provide you with medical treatment or services.
- **Payment:** We will use and disclose your PHI for payment purposes.
- **Operation:** They may need to ask you for information to complete administrative tasks, quality evaluations or records analysis, training students, other health care providers or ancillary staff such as billing personnel, to assist in resolving problems or complaints within the practice. We may share your PHI with business associates who assist us in performing routine operational functions. We will always obtain assurances from them to protect your PHI the same as we do.
- Special Situations that **DO NOT** require your permission: judicial request, health oversight, law enforcement, public health activities, coroners and medical examiners and specialized government functions. Specialized government functions include veterans affairs, military activities, national security and intelligence activities, protective services for the President and others, determination of medical stability, correctional institutions, for disclosure about victims of abuse, neglect or domestic violence and to organ procurement organizations.
- In some situations, we may ask for your written authorization before using or disclosing any identifiable health information about you. If you sign an authorization, you can later revoke the authorization.

The release of PHI will be only the minimal information needed to complete a task and we will make all efforts to redact any information not needed for a particular task. HIPAA has in place an Incidental Disclosure Rule: An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Rule. An example: In our open office format one patient overhears another patient talk about their symptoms. It is our responsibility to ensure reasonable safeguards are in place to limit these disclosures.

When it comes to your health information, you have certain rights:

- You can ask to see or get a copy of your health and claims records and other health information we have about you.

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. Unless services are paid for out of pocket we will not disclose information regarding that specific service to your insurance company.
- You can ask for a list (accounting) of the times we've shared your health information. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- You can ask for a paper copy of this notice at any time
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- You can complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. Complain by contacting our **Compliance Officer Rob Wolfe 315-637-4747**, robwmlcpt@gmail.com. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201, OCRComplaint@hhs.gov or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

Our Legal Duty

We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, and to abide by the terms of the Notice currently in effect. We may update or change our privacy practices and policies at any time. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website at www.mlcpt.com, and posted in the admissions area.

I understand that a patient's health information is private and confidential. I understand that Mary Lou Corcoran Physical Therapy has procedures to protect a patient's privacy and preserve the confidentiality of every patient's personal health information. I will assist Mary Lou Corcoran Physical Therapy by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices."

Name: _____ **Signature:** _____

Date: _____