

Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

In this document, you will find information regarding Health Insurance Portability and Accountability Act (HIPAA) and how it affects your rights as a valued patient at Premier Physical Therapy & Sports Medicine.

This practice is required by law to maintain the privacy of protected health information, to provide individuals with a notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the information practices that are described in this Notice of Privacy Practices. This notice will be provided to our patients no later than the date of the first service delivery, including service delivered electronically. We will post this notice in a clear and prominent location where it will be accessible for you to read.

OUR PLEDGE TO PROTECT YOUR PRIVACY

Premier Physical Therapy & Sports Medicine is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you ("protected health information", or "health information") includes your medical record and other information relating to your care or payment for care.

This notice describes Premier Physical Therapy & Sports Medicine's privacy practices and that of:

- Any healthcare professional authorized to enter information into your medical records
- All employees, staff and other authorized personnel
- All Premier Physical Therapy & Sports Medicine's off-site services

Each entity, site and location are required to abide by the terms of the Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations' purposes described in this notice.

We understand that medical information about you and your health is personal and we are committed to protecting it. We create a record of the care and services you receive at the clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice is required by law and applies to all of the records of your care generated by the clinic, whether made by Premier Physical Therapy personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with limited exceptions)
- Give you this notice of our legal duties and private practices with respect to medical information about you and

- Follow the terms of the notice that are currently in effect

We will not use or disclose your health information without your authorization, except as described in this notice.

The following categories describe different ways that we may use and disclose medical information:

- | | |
|---|---|
| • Treatment purposes | • Research |
| • Payment purposes | • When working with coroners, medical examiners & funeral directors |
| • Regular health operations | • Organ procurement organizations |
| • Scheduling and appointment reminders | • Marketing |
| • Recommendations for treatment alternatives | • Worker's compensation agencies |
| • Business Associates | • Public Health agencies |
| • Necessary notifications | • Correctional institutions or law enforcement agencies |
| • Communication with family or individuals involved in your care or for payment | • Military and veterans agencies, national security and intelligences activities or protective services |

For each category of uses or disclosures, we will explain what we mean and try to give some examples. 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 medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other authorized personnel who are involved in taking care of you. We may also disclose medical information about you to people outside the clinic who may be involved in your medical care after you leave Premier Physical Therapy & Sports Medicine, such as physicians to whom you may be referred.

For **Payment**, we may disclose medical information about you so that the treatment and services you receive at Premier Physical Therapy & Sports Medicine may be billed to and payment may be collected from you, an insurance party or a third party. For example, we may need to give your health plan information about treatment you received at the Premier Physical Therapy & Sports Medicine so your health plan will pay us or reimburse you for the treatment.

As to **Health-Related Products and Services**, we may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

As to **Individuals Involved in Your Care or Payment for Your Care**, we may release medical information about you to a friend or family member who is involved in your medical care when authorized. We may also give information to someone who helps pay for your care. As required by law, we will disclose medical 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 medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations:

For veterans and those in the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

For those who have sustained a **work-related injury**, we may release medical information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

For those who may pose a potential public health risk, we may disclose medical information about you for public health activities. These activities generally include the following:

To prevent or control disease, injury or disability

- To report deaths
- To report the abuse or neglect of children, elders and dependent adults
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- 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. We may disclose medical 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.

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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 (which may include written notice to you) or to obtain an order protecting the information requested.

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, 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 the urgent care 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

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the urgent care to funeral directors as necessary to carry out their duties.

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your rights regarding medical information about you

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the following rights regarding medical information we maintain about you:

- You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.
- Make a request to amend your health record
- Obtain an accounting of disclosures of your health information
- Request communication of your health information by alternative means or alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Request and keep a copy of this notice of privacy practices upon your request
- To inspect and copy medical information that may be used to make decisions about you, you must Obtain and accounting of disclosures of your health information

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Premier Physical Therapy & Sports Medicine 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.

If you feel that medical 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 the information is kept by or for Premier Physical Therapy & Sports Medicine.

To request an amendment, your request must be made in writing and submitted Premier Physical Therapy & Sports Medicine at the address listed at the end of this notice. In addition, you must provide a reason that supports your request.

We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that

- was not created by us, unless the person or entity that created the information is no

longer available to make the amendment

- is not part of the medical information kept by or for the urgent care
- is not part of the information which you would be permitted to inspect and copy or
- is accurate and complete

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law. The list will not include certain disclosures that are a byproduct of another use or disclosure permitted under our privacy policies or by law, those made under an authorization provided by you, those made directly to you or your family or friends or through our facility directory, or for disaster relief purposes. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003.

To request this list or accounting of disclosures, you must submit your request in writing to Premier Physical Therapy & Sports Medicine at the address listed at the end of this notice. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. We will respond to your request within 60 days (or 90 days if the extra time is needed). Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a minor surgery you may have had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing Premier Physical Therapy & Sports Medicine at the address listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request to Premier Physical Therapy & Sports Medicine at the number provided at the end of this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

We reserve the right to change our privacy practices and to make any such change applicable to the personal health information we obtained about you before the change. If there is a material change in our practices, we will revise this Notice to reflect such change. We will post a copy of the current notice in each office.

If you believe your privacy rights have been violated, you may file a complaint with Premier Physical Therapy & Sports Medicine or with the Office of Civil Rights, U.S. Department of Health and Human Services. To file a complaint with Premier Physical Therapy & Sports Medicine please send to the address listed at the end of this notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses and disclosures of medical 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 medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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 of the care that we provided to you.

Contact Information

If you have questions, complaints or would like additional information, you may contact the Practice's Privacy Officer at (772) 335-7966. All complaints must be submitted in writing.

Premier Physical Therapy & Sports Medicine
1400 SE Goldtree Dr. Suite 205
Port St. Lucie, FL 34952