

# Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please Review it Carefully. The privacy of your medical information is important to us.**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal program required by law to maintain the privacy of your personal information and to provide you with this notice of our legal duties and privacy practices with respect to personal information.

We protect your personal information in a variety of ways. We authorize access to your personal information by employees and business associates only to the extent necessary to conduct our business of serving you.

How your medical and personal information may be used and disclosed without your specific authorization:

## **1. Services and Business Operations:**

- We will use your personal medical information as part of the rendering patient treatment, payment, and health care operations, including business associates. For example, your information may be used between your physical therapist, other health care providers treating you, the business associates who process your payment for services rendered and/or by administrative personnel or others involved in providing, coordinating, obtaining insurance authorization, or managing your services. We require that our business associate's safeguard your personal information.
- Appointment reminders. We may contact you for appointment reminders.
- Treatment Information. We may contact you about treatment options, customer service, quality assessment, or other health-related services that may be of interest to you.
- With verbal permission/authorization, we may use or disclose your information to notify family members of your location and general condition or disclose personal information to family members or close friends if medical information if it is directly relevant to that person's involvement in your care or payment for care.
- Workers' Compensation as authorized by laws relating to Workers' Compensation or similar programs.

## **2. As required by Law.** We may also use and or disclose your information in accordance with the federal, state, and local laws for the following purposes:

- Disclosure to Department of Health and Human Services if required as part of an investigation or determining compliance with the requirements of the Privacy Rule.
- Health Oversight Activities as required by law for public health, audits, investigations, inspections, licensure or disciplinary actions or administrative or legal proceedings.
- Legal Proceedings/ Court Order. Personal information may be disclosed in response to court or administrative order, subpoena, discovery request or other lawful process.

- Law enforcement purposes.
- Public Safety. To the extent necessary to prevent or lessen a serious threat to health and safety of another person or to the public.
- Your Personal information can be disclosed without your authorization as required by law if there is concern of abuse or neglect or mandatory government agency audits or investigations.

**Authorizations:**

We will not use or disclose your medical information for any other purposes without your written authorization. If authorization is given, you may revoke your authorization in writing at any time to the HIPAA compliant officer listed at the end of this document. We are required to abide by the written request, except in the extent that we have already taken actions relying on your authorization.

**Your rights in regards to your Personal Information:**

- Right of Access to Inspect and receive a copy of a record of your Personal Information.
- Right to amend your Personal Information if you feel it is incorrect/incomplete.
- Right to an accounting of your disclosures we made for purposes other than for treatment, payment, health care operations or that you specifically authorized. We may charge you a reasonable fee for copies and mailing.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your Personal Information for services, payment, for business operations, or to individuals involved in your care. We are not required to agree to your request.
- Right to Request Confidential Communication. You have the right to receive communication from us in a confidential manner.
- Right to request a paper copy of the Notice of Privacy Practices for Protected Health Information.
- You have the right to complain to us or to the US Department of Health and Human Services if you believe that you privacy rights have been violated by us. All complaints must be submitted in writing. You have the right to complain to us without retaliation.

All of these requests must be made in writing. Please send all written requests and complaints to the HIPAA officer below.

We reserve the right to change the terms of this or Notice of Privacy Practices (Notice) at any time. Any new Notice will be effective for all Personal Information that we maintain at that time. We will provide you with a copy of the revised Notice by posting a copy on our website/treatment room, sending you a copy upon request, or providing you a copy at your next appointment.

Effective Date of the Notice: May 01, 2013.

HIPAA Compliancy Officer:  
Mari O'Neill  
9518 Roosevelt Ave NE  
Seattle, WA, 98115