

# HIPAA Notice of Privacy Practices

## PT Your Way P.L.C.

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This Notice of Privacy Practice Describes how we may use and disclose your protected health information (PHI) to carry out our treatment, payment or health care operations and for other purpose that are permitted or required by the law. It also describes your rights to access and control your protected health information.

“Protected health information” is information about you, including demographic information, that may identify you, and that relates to your past, present or future physical or mental health or condition and related health care services. The privacy of your medical information is important to us.

We understand that your medical information is personal and we are committed to protecting it. The record we create of the care and services you receive is needed so we may provide you with the best quality care and also comply with certain legal requirements.

### **Uses and Disclosures of Protected Health Information**

We will use and disclose elements of your protect health information without your signed authorization for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physical therapist’s practice and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care with a third party. For example we would disclose your protected health information, as necessary, to another physical therapist’s involved in your care or to your referring physician to ensure that the physician has the necessary information to reevaluate, diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for continued physical therapy treatment may require that your relevant protected health information be disclosed to the health plan to obtain approval.

**Healthcare operations:** We may use or disclose as- needed, your protected health information in order to support the business activities of your physical therapist practice. These activities include, but are not limited to, quality assessment activities employee reviews activities, training of physical therapy students licensing, and conducting or arranging for other business activities. For example, we may disclose your (PHI) to physical therapy students that see patients at our office. We may call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointments.

We may use or disclose your (PHI) in the following situations without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements; Legal Proceedings: Law Enforcements: Coroners, Funerals Directors, and Organ Donation; Research; Criminal Activity: Military Activity and National Security; Workers’ Compensation; Inmates: Required Uses and disclosures: under the law, we must make disclosures to you and when required by the secretary of the Department of Health and Human Services to Investigate or determine our compliance with requirements of the section 164.500.

(This notice continues on the back of this page)

**Other Permitted and Required uses and Disclosures** Will be made Only with Your Consent, Authorization or Opportunity to object unless required by the law

**Physicians You May revoke this authorization, at any time in writing, except to the extent that your physician or the Practice has taken an action in reliance on the use or disclosure indicated in the authorization.**

**Your Rights**

Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or health care operations. You may also request that any part of protected health information not be described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

Your physical therapist is not required to agree to restriction that you may request. If the physical therapist believes it is in your best interest to permit use and disclose of your (PHI), it will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as proved in this notice.

**Complaints**

You may complain to us or to the secretary of the Health and Human services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filling a complaint.

This notice becomes effective on /or before **April 14, 2003.**

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with an HIPPA Compliance Officer in Person or by phone at (703) 372 5716