

NOTICE OF PRIVACY EFFECTIVE 04-14-2003

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE IS BEING PROVIDED TO YOU AS A REQUIREMENT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA).

Ellis Physical Therapy Associates, Inc. works hard to keep your protected health information secure and private. It is important to us that you know and understand how we may use and share your information. Keeping your information safe is very important to us. We make sure that only people who need to use your information have access to it.

- *Protected Health Information is any information, written or oral, including demographic information that can be used to identify you. This is health information that is created or received by your health care provider that relates to your present, past or future physical or mental health condition, and the provision of your health care and the payment of your health care.*

We may use and share your information for these purposes:

- **Treatment** — to provide, coordinate, or manage your health care and any related services. This includes the coordination and management of your health care with a third party for treatment purposes. We may also disclose your protected health information to other physicians who may be treating you or consulting with your physician with respect to your care.
- **Payment** — Your protected health information will be used, as needed, to obtain payment for services that we provide. This includes communications to your health insurer to get approval for the treatment that we recommend. We may also disclose your protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered by your health plan. Sometimes it is necessary for us to disclose your protected health information to your insurance company to justify the medical necessity of the services we provide. This is usually a requirement of your insurance company for utilization review. We may disclose your protected health information to another provider involved in your care for the purposes of that provider's payment activities
- **Healthcare Operations** — We may use your protected health information in order to evaluate our therapists, our facility operations and to aid in quality assessments and improvement activities. This information can be used in employee review activities, internal training programs, audits, compliance reviews, and medical reviews.

***These uses are covered under state and federal laws. Our policies will reflect the most protective laws that apply to you.**

Here are some other ways that we may use or share your protected health information:

- To help other healthcare providers or insurance companies in your treatment, payment and healthcare operations.
- For any reason that is required by law or law enforcement.
- To other businesses who work for us for the purposes of treatment, payment and healthcare operations.
- To inform you about treatment options, or health- related services that you, in which, may have an interest.
- To remind you. It may be necessary for us to leave a message on an answering machine to contact you about your appointment.
- To prevent, control or report disease, injury, abuse or disability as permitted by law.
- To report to your employer any information legally permitted or required.
- To a health oversight agency for audits or for civil, administrative or criminal investigations, as required by law.
- We may share personal information with a relative, or a close friend, that may be helping you with your health benefits, or who may be directly involved in your care. If you do not want us to share your information for this reason, please tell us in writing.

You have rights to control and access your protected health information. You may object to our disclosures. There are other times when we may need to get your permission to use or you health disclosures. There are other times when we may need to get your permission to use or share your health information.

Your rights include:

- The right to ask for restrictions on what we may disclose for purposes of treatment, payment or health care operations. Your request must state the specific restriction and to whom you want the restriction to apply. We are not required to agree to your restriction request. We will notify you if we deny your request to a restriction. If we agree to your request, we may not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. We may terminate our agreement to a restriction. You may request a restriction by contacting our **Privacy Officer**.
- The right to ask for confidential communications. We will accommodate reasonable requests. You may be asked for information as to how payment will be handled, specification of an alternate address or other methods of contact. You may request this in writing from our **Privacy Officer**.
- The right to see and get copies of your designated record set. This consists of medical, billing and any other records that your provider uses for making decisions about you. To inspect and get copies of your medical information, you must submit a written request to the **Privacy Officer**. You can be charged a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request.
- The right to ask for your information to be amended. We may deny this request. If we deny this request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal and provide you a copy of it. Requests for amendment must specify the reason for the amendments.

(Continued on the back)

Your Rights Continued:

- *The right to ask for a report of our disclosures of your protected health information, other than those for purposes of treatment, payment and health care operations. We are not required to account for disclosures that you requested, that you agree to by signing an authorization form, to friends or family involved in your care, or other disclosures we are permitted to make without your authorization.*
 - *The right to make a complaint and to receive more information.*
 - *The right to request a review of a denial made by us. We may deny your request to see and copy your protected health information if, in our professional judgment, we determine that you may be harmed or that you may harm another individual that may be referenced in the information.*
 - *The right to obtain a paper copy of this notice. We will provide a separate copy of this notice even if you have already received a copy of it.*
- **Other than the ways stated above, we will not disclose your protected health information without your authorization. You may revoke your authorization in writing at any time, except to the extent that we have taken action in reliance upon the authorization.**
- **We are required, by law, to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice, and to make new Notice provisions effective for all protected health information that we maintain. If we change this Notice while you are still under our care, as a patient, we will provide a copy of the revised Notice to you by mail.**

You have the right to express complaints to our Privacy Officer and to the secretary of Health and Human Services, if you believe that your privacy rights have been violated. You may complain to the Privacy Officer verbally or in writing, using the contact information below. You will not be discriminated against in any way for filling a complaint. We encourage you to express your concerns regarding the privacy of your information.

Privacy Officer: Cynthia Ellis Witherspoon

- **To contact by mail: P.O. Box 11400 Columbia, SC 29211.**
- **To contact by telephone, please call: (803) 794-2213.**