

## Uses and Disclosures

We will use your protected health information (PHI) for the purpose of treatment, payment and health care operations.

- **Treatment** includes the disclosure of health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians and other physical therapists. For example, we may feel that a stroke patient we are treating would benefit from an evaluation by a speech-language pathologist to address a swallowing difficulty. The health information we share with the speech-language pathologist would be considered a treatment related disclosure.
- **Payment** includes the disclosure of health information to your insurance company, including Medicare and Medicaid, so payment can be obtained for services rendered. Your insurance may make a request to review your medical record to determine that your care was necessary.
- **Health Care Operations** includes the utilization of your records to monitor the quality of care being given at our facility or for business planning activities. Our practice may use your PHI to send you an appointment reminder, or to inform you of our other health related products and services.

## Our Duty to Protect Your Privacy

We are required to comply with the federal health information privacy regulations by maintaining the privacy of your PHI. These rules require us to provide you with this document, our *Notice of Privacy Practices*. We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you next seek treatment from us.

## Privacy Contact

If you would like more information about our privacy practices or to file a complaint you may contact:



## Shippensburg Physical Therapy & Sports Medicine, Inc.

Attn: Privacy Officer  
20 Park Place  
Suite 2  
Shippensburg, PA 17257  
Phone #: (717) 477-8030  
Fax #: (717) 477-8040

*Source: American Physical Therapy Association*



# Notice of Privacy Practices

**How your Medical Information may be Disclosed & How to Access this Information**

**PLEASE READ CAREFULLY**

## **Uses and Disclosures Required by Law**

Federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways:

- PHI may be shared with a family member or friend involved in your care if you do not object.
- PHI may be shared in an emergency situation when you may not be able to express yourself.
- PHI may be shared for research purposes if we are provided with specific assurance that your privacy will be protected.
- PHI may be shared when we are required to do so by law, for example by court order subpoena. Disclosures to health insight agencies are sometimes required by law to report certain diseases or adverse drug reactions.
- PHI may be used to avert a serious threat to your health or safety, or the health or safety of the public or others.
- If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities.
- We may also release information about you for workers' compensation or other similar programs that provide benefits for work-related injury or illness.

*Your authorization is required before your PHI may be used or disclosed by us for other purposes.*

## **Patient Privacy Rights Restrictions**

You have the right to request restrictions on how your PHI is used; however, we are not required to agree with your request. If we do agree, we must abide by your request.

## **Disclosure to Healthcare Plan**

You have the right to restrict certain disclosures to a health plan if you pay out of pocket in-full for the health care item or service.

## **Confidential Communications**

You have the right to request confidential communication from us at a location of your choosing. This request must be in writing.

## **Access to PHI**

You have the right to request a copy of your medical record. You must make this request in writing and we may charge a fee to cover the costs of copying and mailing.

## **Amendments**

You have the right to request an amendment be made to your PHI if you disagree with what it says about you. This request must be made in

writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree which will become part of your record. We cannot amend parts of your medical record that we did not create.

## **Accounting of Disclosure**

You have the right to request an accounting of the disclosures made in the previous six years. These disclosures will not include those made for treatment, payment, or health care operations for which we have obtained authorization.

## **Complaints**

If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services.