NOTICE OF PRIVACY PRACTICES

Harrington Physical Therapy, PC

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

**Understanding Your Health Record/Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

 Basis for planning your care and treatment

 Means of communication among the many health professionals who contribute to your care

 Legal document describing the care you received

 Means by which you or a third-party payer can verify that services billed were actually provided

 A tool in educating health professionals

 A source of data for medical research

 A source of information for public health officials charge with improving the health of the nation

 A source of data for facility planning and marketing

 A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

**Understanding what is in your record and how your health information is used helps you to:**

 Ensure its accuracy

 Better understand who, what, when, where, and why others may access your health information

 Make more informed decisions when authorizing disclosure to others

**Your Health Information Rights**

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 right to:

 Request a restriction on certain uses and disclosures of your information as provided by 45 CFR

164.522

 Obtain a paper copy of the notice of information practices upon request

 Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524

 Amend your health record as provided in 45 CFR 164.524

 Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528

 Request communications of your health information by alternative means or at alternative locations

 Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use's for making decisions about you.

Under federal law, however, you many not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.**

You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of

Privacy Practices. Your request must state the specific restriction requested and to whom you want the

restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not

use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by submitting a written request for the restriction.

Hillarie Troyer, privacy officer

Harrington Physical Therapy

2525 Colonial Dr. Helena, MT 59601

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

**You may have the right to have your physician amend your protected health information.**

This means you may request an amendment of protected health information, about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

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

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14,

2003. You may request a shorter timeframe. The right to receive this information is subject to certain

exceptions, restrictions and limitations.

**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 electronically.**

**Our Responsibilities**

Harrington Physical Therapy, PC is required to:

 Maintain the privacy of your health information.

 Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

 Abide by the terms of this notice.

 Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

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

**For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact Hillarie Troyer, Privacy

Officer at (406) 449-4279.

If you believe your privacy rights have been violated, you can file a complaint with Hillarie Troyer, Privacy

Officer at (406) 449-4279 or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**Examples of Disclosures for Treatment, Payment and Health Operations**

For example: information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital/facility.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory test, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To

protect your health information, however, we require the business associate to appropriately safeguard your information.

Written Acknowledgement

I acknowledge that I have reviewed the **Notice of Privacy Practices** which provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how may health information may be used or disclosed and that the organization is not required to agree to the

restrictions I request.

Signature of Patient or Legal Representative Witness

Date Date

**NOTICE OF PRIVACY PRACTICES SUMMARY**

This notice is a summary of how your protected health information is used and disclosed and how you can obtain access to this information. Please see the front desk to review a full copy of our Notice of Privacy Practices.

**Uses and Disclosures of Health Information**

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. We also make it available on line at [www.mhpt.com.](http://www.mhpt.com/) For more information about our privacy practices, contact the person listed below.

**You're Rights**

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Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services at [www.hhs.gov.](http://www.hhs.gov/) The person listed below can provide you with the appropriate address upon request.

**Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact: Hillarie Troyer at Harrington Physical

Therapy, PC, 2525 Colonial Dr. Suite B Helena, MT 59601 Phone: 406-449-4279 Fax: 406-449-8043