



Perform Physical Therapy, PLLC

Notice of Privacy Practices

We respect the privacy of your personal health information and are committed to maintaining the confidentiality of your information. This notice applies to all information and records related to your care that our facility has received or created. It extends to information received or created by our employees, staff, volunteers, and physicians. This notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.

We are required by law to:

- Maintain the privacy of your protected health information
- Provide to you this detailed notice of our legal duties and privacy practices relating to your personal health information; and
- Abide by the terms of the notice that are currently in effect

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 practices change, we will inform you of a revised notice.

WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS.

We have described uses and disclosure of information of treatment, payment, and healthcare operations below and provide examples of the types of uses and disclosures we may make in each of these categories.

For treatment: We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to facility and non-facility personnel who may be involved in your care, such as physicians, nurses, nurses' aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose personal health information to individuals who will be involved in your care after you leave the facility.

For payment: We may use and disclose your personal health information so that we can bill and receive payment for treatments and services you receive at the facility. For billing and payment purposes, we may disclose your personal health information to your representative, insurance or managed care company, Medicare, or another third-party

payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request coverage information for a proposed treatment or service.

For Healthcare Operations: We may use and disclose your personal health information for facility operations. These uses and disclosures are necessary to manage the facility and to monitor our quality of care. For example, we may use personal health information to evaluate our facility services, including the performance of our staff.

WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES

Individuals involved in your care or payment for your care: Unless you object, we may close your personal health information to a family member or close personal friend, including clergy, who is involved in your care.

Public Health Activities: We may disclose your personal health information for public health activities. These activities may include, for example:

- Reporting to a public health or other government authority for preventing or controlling disease, injury, or disability, or reporting abuse or neglect;
- Reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, or;
- For certain purposes involving workplace illness or injuries

Reporting victims of abuse, neglect, or domestic violence: If we believe that you have been a victim of abuse, neglect, or domestic violence, we may use and disclose your personal health information to notify a government authority if required or authorized by law, or if you agree to the report.

Right to receive confidential communication: If you are dissatisfied with the manner or location in which you are receiving communications related to your health information, you may request that we provide you with such information by alternative means or at an alternative location.

Right of access to health information: You have the right to request, either orally or in writing, your medical or billing records or other written information that may be used to make decisions about your care. If you request copies of the records, we must provide you with copies within 2 business days of that request. We may charge a reasonable fee for our costs in copying and mailing your requested information.

Right to receive an accounting of disclosures of health information: You have the right to request that we provide you with a written accounting of all disclosures of your health

information that we have made during a time period you specify (not to exceed 6 years). Please understand that such an accounting will not include information or disclosures;

1. For treatment, payment, or health care operations;
2. To you or your legal representative, or any other individual involved with your care;
3. Incident to a use or disclosure permitted or required by the federal Privacy Rule;
4. Based on your authorization to release information;
5. For national security or intelligence purposes;
6. As part of a limited data set for research, public health, or health care operations; and
7. To a health oversight agency or law enforcement official for the period of time that the agency or official asked to have the information not disclosed.

Right to notice of privacy practices: You have the right to obtain a paper copy of our notice of privacy practices upon request.

COMPLAINTS

IF you believe that your privacy rights have been violated, you may file a complaint in writing with the facility or with the Office of Civil Rights in the U.S. Department of Health and Human Services.

To file a complaint with the facility, contact Stephanie H. Munro, Owner.

We will not retaliate against you if you file a complaint.

CHANGES TO THIS NOTICE

We will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your individual right, our legal duties, or other privacy practices slated in this notice. WE reserve the right to change this notice and to make the revised or new notice provision effective for all personal health information already received and maintained by the facility as well as for all personal health information we receive in the future. We will post a copy of the current notice in the facility. In addition, we will provide a copy of the revised notice to all patients.

FOR FURTHER INFORMATION

If you have any questions about this notice, please contact Stephanie H. Munro, Owner.

EFFECTIVE DATE: August 1, 2023