

# *North Naples Physical Therapy, Inc.*

## **Notice of Privacy Practices**

**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.**

North Naples Physical Therapy, Inc. is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and in compliance with federal regulations.

By “your health information” we mean the information that we maintain that specifically identifies you and your health status.

### **Summary**

This notice describes how we use your health information within North Naples Physical Therapy, Inc. and disclose it outside North Naples Physical Therapy, Inc., and why

The notice covers:

- Uses or disclosures which do not require your written authorization.
  - Treatment, payment, and health care operations.
  - Uses of disclosures of your health information to which you may object.
  - Uses or disclosures required or permitted.
- Uses or disclosures which require your written authorization.
- Your rights as a patient regarding privacy of your health information.
- Our duties in protecting your health information.
- Complaints, contact person, effective date, and acknowledgement.

### **Uses or disclosures which do not require your written authorization**

#### **Treatment, Payment , and Health Care Operations**

We use or disclose your health information to carry out your treatment: to obtain payment for your treatment: and to conduct health care operations. For example:

- For **treatment**, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside North Naples Physical Therapy, Inc. who are involved in your care.

#### **Treatment, Payment , and Health Care Operations** *(continued)*

- For **payment** we use your health information to prepare documentation required by your insurance company or HMO or by Medicare. We disclose that part of your health information that these organizations require to pay us.
- For **health care operations**, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

#### **Uses or Disclosures of Your Health Information to Which You May Object.**

We may use or disclose your health information for the following purposes, unless you ask us not to.

- **Information family and friends.** We may disclose your health information to family, friends, or others identified by you who are involved in your care.
- **Confirming your appointments** to North Naples Physical Therapy, Inc.
- **Informing you about treatment alternatives** or other health-related benefits and services that may be of interest to you.

If you object to our use of your health information for any of these purposes please contact: North Naples Physical Therapy, Inc.

### **Uses or Disclosures Required or Permitted**

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulations.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.

- Us by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
- Workers' compensation.

### **Uses or disclosure which require your written authorization**

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any other purpose, in particular:

- Our use of psychotherapy notes beyond treatment, payment, and health care operations.
- Marketing of goods or services to you.

### **Your Rights As A Patient to Privacy Of Your Health Information**

- **Right to Request restrictions**  
You have the right to request restrictions on our uses and disclosures of your health information, however we may refuse to accept the restriction.
- **Right to Request Confidential Communications**  
You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. Your request must be in writing, which the VNA will provide at your request. We will make every attempt to honor your request.
- **Right to Request Access to Your Health Information**  
You have the right to request access to your health information in order to inspect or copy it Your request must be in writing. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.
- **Right to Request an Amendment of Your Health Information**  
You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.
- **Right to Request an Accounting of Disclosure of Your Health Information**  
You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide and accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.

To exercise any of these rights please write or telephone North Naples Physical Therapy, Inc. (239) 594-5412.

### **Our Duties in Protecting Your Health Information**

- We are required by law to maintain the privacy of your health information.
- We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.
- We must abide by the terms of the notice currently in effect.
- We reserve the right to change the terms of this notice and to make the new notice provision effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from North Naples Physical Therapy, Inc.

### **Complaints, Contact Person, Effective Date, and Acknowledgement**

- You may complain to us and to the Secretary of Health and Human Services if you believe privacy rights have been violated.
- You will not be retaliated against for filing a complaint.
- You may file your complaint with our agency by writing to North Naples Physical Therapy, Inc. Quality Improvement Coordinator.
- You may file a complaint with the Secretary of Health and Human Services by writing to:

Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

*(source: www.hhs.gov)*

- For further information you may write or call North Naples Physical Therapy, Inc. (239)594-5412.
- This notice is effective April 14, 2003.

# *North Naples Physical Therapy, Inc.*

## Notice of Privacy Practices

### Acknowledgement of Receipt of Notice

Patient name: \_\_\_\_\_ Medical Record Number \_\_\_\_\_

I have received a copy of North Naples Physical Therapy Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If personal representative: Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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Reason signature not obtained:

Patient too sick to sign at this time

Patient would not sign

Other: \_\_\_\_\_

Name of North Naples Physical Therapy employee attempting unsuccessfully to obtain signature.

\_\_\_\_\_

Date: \_\_\_\_\_