

SET SPORTS PHYSICAL THERAPY

Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form whether electronically, on paper, or orally, are kept properly confidential. This Act give you, the patient, a fundamental right to be informed of the privacy practices of your health plan and to be informed of your privacy rights with respect to your personal health information. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information

We may use and disclose your protected health information for the following purposes: treatment, payment, and health care operations

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples include physical therapy examinations and disclosing information with other providers for treatment purposes
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example is billing your insurance company for services rendered
- Health care operations include the business aspects of running our practice, such as conduction quality assessments and improvement activities, auditing functions, cost-management analysis, and customer review. An example is a quality assessment review

We may contact you to provide appointment reminders via phone or e-mail or information about treatment alternatives or other health-related benefits and services to you. We are permitted to share information with family and friends that are directly involved in your care or payment for health care. We will use and disclose your protected health information when required to do so according to HIPAA. We may disclose your information to law enforcement officials for circumstances required by law and to public officials responding to a public health emergency where the circumstances of the emergency implicates law enforcement activities, national security and intelligence activities, or administrative and judicial proceedings. We may disclose your information to workers' compensation and other programs

All other use or disclosure of your protected health information will be made with your written authorization and you may revoke authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the rights with respect to your protected health information, which you can exercise by presenting a written request to the address listed. An authorization includes the following elements, a description of the PHI that is to be used and disclosed, the person authorized to make the use of disclosure, the person to whom we can make the disclosure, and an expiration date.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, and close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a requested restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

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- The right to inspect and copy your protected health information
- The right to receive an accounting of disclosures of protected health information
- The right to obtain a paper copy of this notice from us upon request

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information

This notice is effective as of October 1, 2007 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new provisions effective for all protected health information that we maintain. You may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office at the address listed or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information ask to speak to Stacy Stebbins, DPT, CSCS

SET Sports Physical Therapy
555 13th Street NW C112
Washington, DC 20004
(202) 347-1800

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201
(202) 619-0259
1-877-696-6755 (toll-free)

*****Acknowledgement of Receipt of Notice of Privacy Practices*****

I, _____, reviewed this office's Notice of Privacy Practices
(please print name)

Signature _____ Date _____