



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.
PLEASE REVIEW IT CAREFULLY.

I. YOUR PROTECTED HEALTH INFORMATION

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program requiring 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 gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

The Practice (K Conway Physical Therapy, Inc.), in accordance with the federal Privacy Rule, 45 CFR parts 160 and 164 (the Privacy Rule) and applicable state law, is committed to maintaining the privacy of your protected health information (PHI).

PHI includes information about your health condition and the care and treatment you receive from the Practice and is often referred to as your health care or medical record. This notice explains how your PHI may be used and disclosed to third parties. This notice details your rights regarding your PHI.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. The general consent for release of PHI authorizes **KConway Physical Therapy, Inc.** to disclose the information in your medical record for treatment, payment, and health care operations purposes.

- **Treatment** Your information may be shared with family members, employees, contractors, and health care providers such as doctors, nurses, technicians, students, and other trainees who are treating you or consulting in your care. We may use a patient sign-in sheet in the waiting area which is accessible to all patients. We may use information about you to remind you of an appointment for treatment of medical care via phone call, voice message, text message, or email.
- **Payment** Your information may be shared with your insurer, attorney, or other third-party payer who is responsible for paying all or part of the cost of your care. Your information may also be shared with a collection agency for purposes of securing payment of a delinquent account.
- **Health Care Operations** We may use and disclose information that is necessary for our operations for the purpose of quality assurance and quality improvement activities, accreditation, licensing, training students, etc.

B. You may be asked to sign a specific authorization for release of medical records, which will authorize us to make a specific disclosure that is not covered under section A above. The specific information, the entity to whom it will be disclosed, and the purpose for which it will be used will be documented for your review before signing.

C. You may revoke any consent or authorization provided to us by giving a written notice of revocation.

D. We may be required by law to disclose your records that you have not authorized. For example, if we receive a subpoena for the records or if public responsibility requires disclosure (e.g. to protect public health). We will keep all disclosures of your medical records to the minimum necessary.

III. PATIENT PRIVACY RIGHTS

- You have the right to inspect and get a copy your PHI. There will be a fee for copying records. Workers' Comp. records may be provided to an attorney or the patient, upon request, at the conclusion of treatment. There will be a fee for copying records.
- If you feel that the health information we have about you is incomplete or inaccurate, you have the right to request an amendment to your PHI. The request must be made in writing with the reason that supports your request. If we do not agree with your request you have the right to ask that your statement be placed in the medical record.
- You have the right to find out how your PHI is used and to whom it is disclosed. You may request an accounting of your medical record disclosures made by us except for disclosures made for treatment, payment, and health care operations.
- You have the right to receive a paper copy of this notice.

IV. CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time and to make new policies effective for all PHI that we maintain at the time of the change, including information that we created or received prior to the effective date of the change. We will post a copy of our current notice in our waiting area and also on our website. At any time, patients may review the current notice or request a paper copy at our front desk.

V. COMPLAINTS

We are required by law to maintain the privacy of your PHI. If you have a question or feel that we have violated your rights, you may contact our Privacy Officer. You may also send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201. *We will not retaliate in any way against a patient for making a complaint.*