

LAKE RIDGE PHYSICAL THERAPY, LLC

Lake Ridge clinic
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Fusion clinic
Tel 571-659-2612

NOTICE OF PRIVACY PRACTICES

We Care About Your Privacy

YOUR RIGHTS

When it comes to your health information, you have certain rights. You may:

- ✓ Get an electronic or paper copy of your medical record
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You must request a copy in writing. There may be charges for copying and any postage required if you request a copy mailed to you. Please see our receptionist about request forms and our fee structure.
 - We will provide a copy or summary of your health information, usually within 30 days of your request.
- ✓ Ask us to correct your medical record
 - You can ask us to correct health information about you that you think is incorrect or incomplete.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- ✓ Request confidential communications
 - You can ask us to contact you in a specific way (ie, home or office phone) or to send mail to a different address. This request must be made in writing to our Privacy Officer.
 - We will say “yes” to all reasonable requests.
- ✓ Ask us to limit what we use or share
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- ✓ Get a copy of this privacy notice
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
 - We will provide you with a paper copy promptly.
- ✓ Get a list of those we whom we’ve share information
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one withing 12 months.
- ✓ Choose someone to act for you
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can ask for you before we take any action.

- ✓ File a complaint if you feel your rights are violated
 - You can complain if you feel we have violated your rights by contacting us directly.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have the both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sales of your information
- Most sharing of psychotherapy notes

Notification: We may disclose health information about you to family members or friends if we obtain your verbal agreement or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to family members or friends if we can infer from the circumstances, based on our professional judgement that you would not object.

OTHER USES AND DISCLOSURES

We typically use or share your health information in the following ways:

- ✓ Treat you – We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health.*
- ✓ Run our organization – We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- ✓ Bill for your services – We can share your health information to bill and get payment from health plans or other entities. We may also tell your health plan about a treatment or piece of equipment you may receive in order to get prior approval or to determine if your plan will cover the charges. In the event of non-payment, we may utilize a collection agency.

We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- ✓ Help with public health and safety issues – We can share health information about you for certain situation such as:
 - Preventing disease

- Helping with product recalls
- Reporting adverse reactions to medications
- Preventing or reducing a serious threat to anyone's health or safety
- ✓ Research – We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals your identity, or if the researcher will be involved in your care at the clinic.
- ✓ Medical Examiner – We may share medical information about a person who has died with a coroner or medical examiner.
- ✓ Comply with the law – We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- ✓ Address workers' compensation, law enforcement, and other government requests – We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- ✓ Respond to lawsuits and legal actions – We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- ✓ Incidental Disclosure – We will make every effort to protect your health information but due to the design of our systems and physical locations there is a possibility of incidental disclosure. The following are possible ways in which this may occur:
 - Announcing your arrival to the scheduled clinician
 - Calling you at home or at your place of employment
 - Leaving a message on your answering machine or voicemail
 - Providing rehabilitation services in an open environment
 - Providing rehabilitation services in a public gym
 - Operating a sign-in sheet
 - Storing medical records in the clinic or off-site facilities

Note: We will not use or disclose your medical information for any purpose not listed above without your expressed written authorization. Any specific written authorization you provide may be revoked at any time with a written request.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not sue or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www/hhs/gov/ocr/privacy/hipaa/understanding/consumers/notice.html

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. Lake Ridge Physical Therapy, LLC does not market or sell personal information.