

# **SALMON CREEK PHYSICAL THERAPY NOTICE OF INFORMATION PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatments. This information is often referred to as your health or medical record and serves as a:

- Basis of planning your care and treatment
- Means of communication among the health professionals in your care
- Legal document describing the care you received
- Means by which you or a third-party payer can certify that the services billed were actually provided
- A source of information for public health officials charged with improving the health of the nation
- A tool with which we can access and continually work on to improve the care we deliver and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you ensure its accuracy, make more informed decisions when authorizing disclosure to other; and better understand who, what, when, where, and why others may access your health information.

## **Understanding Your Health Information Rights**

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information (45 CFR 164.522)
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a copy of your health record (45 CFR 164.524)
- Request to amend your health record (45 CFR 164.528)
- Obtain an accounting of disclosures of your health information (45 CFR 164.528)
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

## **Our Responsibilities**

We are required to:

- Maintain Privacy of your health information
- Provide you with a notice as to our legal duties & privacy practices with respect to your information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on disclosure or amendment to your record
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations

We reserve the right to change our practices and to make the changes effective for all protected health information we maintain. A current Notice of Information Practices will be posted at our office.

If you have questions and would like additional information, you may contact our Clinic Administrator at 9430 N.E. Vancouver Mall Dr. Vancouver, WA 98662. If you believe your privacy rights have been violated, you may file a complaint with the Clinic Administrator or with the Secretary of Health and Human Services. We will not retaliate if you file a complaint.

## **Examples of Disclosure for Treatment, Payment and Health Operations**

*We will use and disclose your health information for treatment.* We may disclose medical information about you to their healthcare providers such as specialists, hospitals, home-health agencies, nursing homes, physical therapists, etc. For example, if we send you to a specialist for the treatment of a broken bone, the specialist would need to know if you are diabetic, since diabetes may slow the healing process.

*We will use and disclose your health information for payment.* For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also be required to forward additional information to substantiate the medical necessity of the care delivered and that the care for which the claim was submitted was actually delivered. Further, we may disclose health information to the extent authorized and the extent necessary to comply with workers compensation or other similar programs established by law. We will also honor attorney requests for medical records that you have authorized by your signature.

*We will use your health information for regular health operations.* For example, members of our quality improvement team may use the information in our health record to assess the care and outcomes in your case and others like it. The information will then be used to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business Associates.* There are some services provided in our organization through contracts with business associates such as transcription services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. However, to protect your health information we require the business associate to appropriately safeguard your information.

*Family Communication.* After careful judgment, we may disclose to a family member or other person you designate, health information relevant to that person's involvement in your care or payment related to your care.

*Funeral directors & organ procurement organizations.* We may disclose health information to funeral directors consistent with applicable law. We may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Food and Drug Administration (FDA).* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Public Health.* As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

*Law Enforcement and Correctional Institution.* We may disclose health information for law enforcement purposes as required by law. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health safety of other individuals.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, provided that we or our business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

EFFECTIVE DATE: April 14, 2003

I acknowledge receipt of a copy of this notice:

\_\_\_\_\_  
Signature of Patient or Legal Representative

If signed by legal representative, relationship to patient:

\_\_\_\_\_

Date:

\_\_\_\_\_