

NOTICE OF PRIVACY PRACTICES

FOR HOMER PHYSICAL THERAPY, LLC

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

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. We may use and disclose your health information including demographic information that may identify you and that relates to your past, present, or future physical or mental health and related health care services in the manner described below. We are required to abide by the terms of the notice currently in effect, and we reserve the right to change the terms of our notice and make the new notice provisions effective for all protected health information that we maintain. In the event that we materially revise this notice, we will provide a new copy to patients upon their next visit to Homer PT. This notice is effective November 1, 2012.

Uses and Disclosures

Treatment: Your health information may be used and disclosed by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment to you. For example results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan or from other sources of coverage such as an automobile insurer.

Health Care Operations: We may use your health information to support the business activities of Homer Physical Therapy, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality service at our clinic.

In addition, we may use a sign-in sheet at the front desk. Also, we may disclose your health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your health information in the following situations without your authorization. These situations include, as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, legal proceedings, and law enforcement and other required uses and disclosures under law. Your health information **MAY BE RELEASED TO WORKER'S COMPENSATION WITHOUT YOUR AUTHORIZATION. THIS IS MANDATED BY LAW.** We may also disclose your health information to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500. Other permitted uses and disclosures will be made only with your written authorization, which may be revoked by writing to our Privacy Officer at the address listed below.

Individual Rights

You have certain rights under federal privacy standards. These include:

- the right to inspect and copy your health information
- the right to request a restriction of your health information, although we are not required to agree to such a restriction unless it is to withhold information from your insurance company regarding treatment paid for completely out-of-pocket
- you may request that any part of your health information not be disclosed to family members or friends who may be involved in your care. Your request, in writing, must state the specific restriction requested and to whom the restriction applies.
- the right to receive confidential communications concerning your medical condition and treatment
- the right to amend or submit corrections to your protected health information, although we are not required to agree to such amendment or correction if it is not supported by evidence or professional opinion
- the right to submit a statement regarding your record, if we fail to accept an amendment, submission or restriction request
- the right to receive a printed copy of this notice
- the right to an accounting of disclosures

Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer of your complaint at the address listed below. We will not penalize you or retaliate against you in any way for filing a complaint.

Privacy Officer Contact Information:

c/o Homer PT Privacy Officer, 4141 Pennock Street, Homer, AK 99603
Phone: (907) 235-3410 Fax: (907) 235-3417

Print Name

Signature Date

Name of Personal Representative (if applicable)

Personal Representative Signature Date

HPT Staff Member Date

If HPT Staff is unable to obtain acknowledgement signature, please explain why: _____
