

# return to movement

## Client Privacy Notice

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

### **Your Rights**

- You may ask to see an electronic or paper copy of your personal health information (**PHI**) we have about you.
- You may ask us to correct your PHI that you think is incorrect or incomplete. Under certain circumstances this may not be possible. We will tell you why in writing within 60 days.
- You may ask us to contact you in a specific way (e.g. home or office phone, email, etc...) or to send mail to a different address.
- You may ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may not comply if it would affect your care.
- You may ask us not to share "out-of-pocket" payment information for the purpose of our interactions with your health insurer. We will comply with your request unless a law requires us to share that information.
- You may ask for an accounting of the occurrences where we have shared your PHI 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).
- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- 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 PHI. We will make sure the person has this authority and can act for you before we take any action.
- If you feel we have violated your rights, you may direct a complaint to us by using the contact information contained in the footer of this document.
- You may 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 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### **Your Choices**

- If you have a clear preference for how we share your PHI, please tell us what you want us to do, and we will follow your instructions. (e.g. Sharing information with your family, close friends, or others involved in your care.)
- If you are not able to tell us your preference (e.g. 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 PHI when needed to lessen a serious and imminent threat to health or safety.
- We will never sell your PHI or share it for marketing purposes.

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## **Our Uses and Disclosures**

- We can use your PHI and share it with other professionals who are treating you. (e.g. Your primary doctor inquires about your overall health condition.)
- We can use and share your PHI to run our practice, improve your care, and contact you when necessary. (e.g. We use your PHI to manage your care and services.)
- Bill for services rendered.
- We are required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes.
- We can share PHI for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety
- We will share PHI 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.
- We can use or share PHI:
  - 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
- We can share your PHI in response to a court or administrative order, or in response to a subpoena.
- There are some services provided in our organization through contracts with business associates. (e.g. transcribing your medical record.) When services are provided by contracted business associates, we may disclose the appropriate portions of your PHI so they can perform the job we have asked them to do. However, our business associates are also required by law to safeguard your information.

We are required by law to maintain the privacy and security of your protected personal health information (**PHI**). 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 use or share your PHI other than as described here unless you tell us we can in writing. You may change your mind at any time. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

This notice may change to comply with new laws or for improved clarity of purpose. If changes occur, they will apply to all information we have about you. The newest version notice will always be available upon request and on our web site ([www.returntomovement.com](http://www.returntomovement.com)).

*Effective Date of this Notice: November 3rd, 2015*