



Advanced Therapy Solutions
exceeding expectations

HIPAA Notice of Privacy Practices

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In 1996 the Health Insurance Portability and Accountability Act (HIPAA) was signed into law. After that time, administrative rules were written by the US Department of Health and Human Services to implement the Act. As a provider of speech, occupational and physical therapy services under insurance programs, we are obligated to follow these rules and laws under HIPAA statutes and state law. Most of what contained in this document is defined by both State and Federal statutes and we have little control in the way these statutes are implemented. Please note HIPAA statutes only apply to services delivered under your medical insurance program.

- THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
- IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law, we are required to ensure that your PHI is kept private. The PHI constitutes information created and notes by us that can be used to identify you. It contains data about your past, present and future healthcare services to you, or the payment of such healthcare. We are required to provide you with this notice about our privacy procedures. This notice must explain when, why and how we would use and/or disclose you PHI. Use of PHI means when we share, apply, utilize, examine or analyze information within our practice. PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside our practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. However, we are always legally required to follow the privacy practice described in this notice.

Please note that we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will change the notice and offer a new copy of it to

you. You may request a copy of this notice at any time. As a rehab provider under HIPAA your PHI may be involved: medical records and therapy notes. *Medical Records* include treatment plans, assessments, symptoms, diagnosis, clinical tests, examination, progress in treatment, patient functionality, and modalities and frequency of treatment. *Therapy Notes* are written daily and contains objectives, progress and behavioral issues. It also includes billing documents for those services.

- HOW WE WILL USE YOUR PHI

We will use and disclose you PHI for many different reasons. Some of the uses or disclosure will require your prior written authorization; others will not. Below are the different categories of uses and disclosures.

- Uses and disclosures related to treatment, payment or healthcare operations that do not require prior written consent.
 - *Treatment.* We may disclose your PHI to physicians, psychiatrists, psychologists, support coordinators and other licensed healthcare providers who provide you with healthcare services or are otherwise involved in your care.
 - *Healthcare Operations.* We may disclose your OPHI to facilitate the efficient and correct operation of the practice. We may also provide your PHI to our attorneys, accountants, consultants and others to make sure we are in compliance with applicable laws.
 - *Obtain Payment for Treatment.* We may disclose your PHI to bill and collect payment for treatment and services we provide you. We may provide your PHI to business associates, such as billing services, claims processing and others that process healthcare claims for the practice. Your insurance company can and often for require PHI including diagnosis', treatment plans, clinical tests, response to treatment and frequency of treatment.
- Certain other uses and disclosures do not require your content. We may use and/or disclose your PHI without your consent or authorization for the following reasons:
 - When disclosure is required by Federal, State or Local law.
 - If a lawsuit is filed against us by you or someone on your behalf. PHI may be disclosed in court.
 - For Workers Compensation purposes, we may provide PHI in order to comply with Workers Compensation laws. The HIPAA privacy regulations do *not* apply to Workers Compensation insurance.
 - Appointment reminders and health-related benefits of services. Example: We may use PHI to provide appointment reminds or to leave messages regarding services. We may use PHI to give you information about alternative treatment options, or other healthcare services or

benefits we offer.

- If disclosure is otherwise specifically required by law.
- Certain uses and disclosures require you to have the opportunity to object.
 - Disclosure to family, friends or other. We may provide your PHI to a family member, friend or other individual whom you indicate is involved in your care, or responsible for payment of your healthcare services unless you object in whole or part. Retroactive consent may be obtained in emergency situations.
- Other uses and disclosures require your written consent.
 - In any other situation not described in Section III a, b and c, we will request written authorization before using or disclosing your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization in writing. This will stop future uses and disclosures of your PHI by us assuming we have not taken action subsequent to the authorization.
- WHAT RIGHTS YOU HAVE REGARDING YOUR PHI
 - The right to see and get copies of your PHI. In general, you have the right to see your PHI in our possession or to get copies of it. However, you must request this in writing. If we do not have your PHI but know who does, we will advise you as to how you can obtain it. You will receive a response from us within thirty (30) days of our receiving your written request. We may provide summary or an explanation of the PHI, but only if you agree to it, as well as the cost, in advance.
 - The right to request limits on uses and disclosures of your PHI. You have the right to ask that we limit how we use and disclose your PHI. While we consider your request, we are not legally bound to agree. If we do not agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required and permitted to make.
 - The right to choose how we send your PHI to you. It is your legal right to ask that your PHI be sent to you at an alternate address. We are obliged to agree to this requested, provided we can give you PHI without undue inconvenience.
 - The right to get a list of the disclosures we have made. You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented. Neither will the list include the list disclosures made for national security purposes, to corrections or law enforcement personal or disclosures made before April 15, 2003.

- The right to amend your PHI. If you believe that there is some error in your PHI, or that important information has been omitted, it is your right to request we correct the existing information or add the missing information. Your request and the reason for the request must be in writing. You will receive a response within sixty (60) days of our receipt of your request. We may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to disclosure, (c) not a part of our records, (d) written by someone other than our practice. Our denial must be in writing and must state the reasons for the denial. It must explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the changes to your PHI. Additionally, we will tell you the changes have been made. We will advise all others who need to know about these changes of your PHI.
 - The right to get this notice by email. You have the right to request a paper copy as well.
- HOW MAKE A COMPLAINT ABOUT OUR PRIVACY PRACTICES
 - If in your opinion, we have violated your privacy rights, or if you object to a decision we have made about access to your PHI you are entitled to file a complaint with the person noted in Section VI below. You may also send a written complaint to the Secretary of Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201. If you have filed a complaint about our privacy practices, we will take no retaliatory action against you.
- THE PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES
 - If you have questions about this notice, any complaints about or privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Shelly Carr, M.S., CCC-SLP and/or Beth Lawton, M.S., CCC-SLP at 690 E. Warner Rd. Ste. 105, Gilbert, Arizona 85296 or (480)820-6366.
- EFFECTIVE DATE OF THIS NOTICE: APRIL 14, 2003

You may retain this copy for your records.

Please sign and return the HIPAA Acknowledgment Form to Advanced Therapy Solutions