

CoreBalance Therapy LLC. Notice of Privacy Practices

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. If you have any questions about this notice, please contact our privacy contact who is: **Sarah Hudelson, DPT.**

This Notice of Privacy Practices describes how we may use or disclose your protected health information (medical records) to carry out **treatment, payment, health care operations** and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised notice of privacy practices.

We must make a good faith effort to obtain your written acknowledgment that you have received our Notice of Privacy Practices. If you refuse to acknowledge receiving the notice we must know why. This information must be documented in your protected health information. This Notice of Privacy Practices covers all health care providers at Frontier Therapy Services.

I. USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION.

The primary use for your medical record remains to help your health care provider keep track of your health history including all the symptoms that have brought you to the clinic your family health history, examination and test results, diagnoses made, and treatments supplied and recommended. All health care providers at Frontier Therapy Services may share your medical information with one another to carry out treatment, payment and health care operations.

We are permitted by law to use your protected health information for 'treatment, payment and health care operations' without your consent. This means that the information in your medical record may be used and disclosed by Frontier Therapy Services providers, our office staff, and others outside of our office that are involved in your care, for the purpose of providing health care services to you. The following examples are intended to inform you of some of the ways we might use your medical record without your consent. *This list is not intended to be exhaustive.*

TREATMENT

- They might be sent to another provider who we or you are asking to take part in your care.
- They might be sent to a home health agency that provides care for you.
- They might be sent to a laboratory or other testing facility.

PAYMENT

- We might send treatment notes to an insurer who requests written support for a bill we have sent them for your care.
- Your insurer may review your records for benefit or medical necessity determination, or utilization review activities.

HEALTH CARE OPERATIONS

- We might use them in activities related to training a physical therapy student.
- We may use a sign-in sheet at the front office.
- We may contact you to remind you of an appointment.
- Business associates who have been hired to perform tasks such as storing records or other jobs related to the efficient operation of our clinic may use them. *(All these parties are required to demonstrate compliance with our confidentiality requirements and must sign an agreement limiting their use of these records.)*

Other uses and disclosures of your medical records will be made only with your written authorization unless required or permitted by law below. You may revoke this authorization, at any time, except to the extent that your provider, or the practice, has taken action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object:

We may use and disclose your records in the following instances. You have the opportunity to agree or object to the use of all or part of your records. If you are not present or able to agree or object, then your provider may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.

OTHERS INVOLVED IN YOUR CARE

We may disclose information to a member of your family, a relative, a close friend or any other person you identify, that relates directly to that person's involvement in your health care. We may disclose information to notify, or assist in notifying, a family member, personal representative or any other person that is responsible of your care, of your location, general condition, or death.

Finally, we may disclose your information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

EMERGENCIES

We may use or disclose your information in an emergency treatment situation.

COMMUNICATION BARRIERS

We may use or disclose your information if your provider attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the provider determined, using professional judgement, that you intend to consent to use and disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object:

Required by Law: We may use or disclose your protected health information to the extent that it is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information regarding public health activities. The disclosure will be made for the purpose of controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports about abuse or neglect. In addition, if we believe you have been a victim of abuse, neglect or domestic violence we disclose your protected health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

FDA: We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any tribunal, judicial or administrative proceeding, in response to an order of the court or administrative tribunal (to the extent that such disclosure is expressly authorized), under certain conditions to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

Research: We may also disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of such information.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are armed forces personnel, or to authorized federal officials for conducting national security or intelligence activities.

Workers Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Required Uses and Disclosures: Under the law, we must make disclosure to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the section 164.500et. Seq.

II. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of your medical, billing and other records that are contained in a designated record set for as long as we maintain the information.

Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may

be review-able. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operation. You may also request that any part of such information not be disclosed to family members or friends who may be involved in your care, or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your healthcare provider is not required to agree to a restriction that you request. If the healthcare provider believes it is in your best interest to permit disclosure of your protected health information, it will not be restricted. If your provider does agree to the requested restriction, we may not use or disclose the information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you wish to request with your provider.

You have the right to receive confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable requests. Requests must be in writing. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

You may have the right to have your provider amend your protected health information. This means you may request an amendment of your protected health information about you as a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timer frame. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us upon request.

III. COMPLAINTS

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint against us by notifying us of your complaint. We will not retaliate against you for filing a complaint. You may contact us at CoreBalance Therapy LLC (928) 556-9935 for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.

**CoreBalance Therapy LLC
906 W. University Ave., Ste. 120
Flagstaff, AZ 86001**

**2935 Southwest Dr.
Sedona, AZ 86336**

CoreBalance Therapy LLC.

PATIENT'S ACKNOWLEDGMENT OF RECEIPT OF PRIVACY INFORMATION

I have received the CoreBalance Therapy LLC Notice of Privacy Practices. This notice informs me of my privacy rights and the privacy practices of CoreBalance Therapy LLC.

I have declined receipt of the CoreBalance Therapy LLC Notice of Privacy Practices. This notice informs me of my privacy rights and the privacy practices of CoreBalance Therapy LLC. I understand I can request a copy of the Notice at any time.

PATIENT'S SIGNATURE

DATE