



OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- 1) make sure health information that identifies you is kept private
- 2) give you this notice of our legal duties and privacy practices with respect to health information about you
- 3) follow the terms of this notice that is currently in effect

PROFESSIONAL THERAPIES MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information about you:

Treatment: We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work in our offices or at another health care provider's office. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may use and disclose health information for collection activities.

Health Care Operations: We may use and disclose health information about you for operations of our health care practices. These uses are necessary to run our practice and make sure all of our patients receive quality care.

We may use health information about you to:

- cooperate with outside organizations that assess the quality of care we provide and certify or license our providers
- review and evaluate the skills, qualifications and performance of our health care providers
- provide training programs for students or non-health care professionals
- identify groups of patients with similar health problems to give them information about treatment alternatives,
- cooperate with organizations that review our activity (example: accountants)
- assist Professional Therapies in making decisions for our future operations and business planning
- grievance resolution within our practice
- remind you of appointments and to provide you with other health information that may be of an interest to you

Other Disclosures as Required by Law: We will disclose health information about you when required to do so by federal, state, or local law. The use or disclosure of this health information may be used for the following reasons:

- **Avert a serious threat to your health or safety** or the health and safety of the public or another person. Disclosure can only be made to the person able to prevent the threat.
- **Special Government Functions: Protective** services for the president, information to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by the law, and for certain military activities as deemed necessary by military command authorities.
- **Workers' Compensation:** These programs provide benefits for work-related injuries or illness.
- **Public Health risk:** Information released about you for public health activities may include the following:
 - * to prevent or control disease
 - * to report child abuse or neglect
 - * to notify people of recalls of products
 - * to report births or deaths
 - * to report reactions to medications
 - * to notify a person who may have been exposed to a disease
- **Health Oversight Activities:** These activities may include: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Law Enforcement:**
 - * Reporting certain injuries, as required by law, gun shot wounds, burns, injuries to perpetrators of crime
 - * In response to a court order, subpoena, warrant, summons or similar process
 - * To identify a suspect, fugitive, material witness or missing person
 - * Information about a victim of a crime if the victim agrees to disclosure
 - * A Death we believe may be the result of criminal conduct
 - * In emergency circumstances to report a crime: the location of the crime or victims; or identify, describe, or locate the person who committed the crime

- **Coroners, Examiners and Funeral Directors:** This may be necessary to identify a deceased person or determine the cause of death. Funeral Directors may also require information to carry out their duties.
- **Inmates:** Information may be released about you to the correctional facility or law enforcement officer to protect your health and safety or the safety of others:

Your rights regarding health information about you

Right to inspect and copy:

You have the right to copy and inspect your health information that may be used to make decisions about your care.

- To inspect and copy, you must submit your request in writing to Professional Therapies Privacy Official, 1421 Third Street Roanoke, VA 24016. If you request a copy of the information we may charge a fee for the cost of copying, mailing, or other supplies and services associated with your request.
- We may deny your request to inspect and copy in very limited circumstances. If you are denied access, you may request that the denial be reviewed. Another Licensed health care professional chosen by our practice will review your request and the denial. We will comply with the outcome of the review.

Right to Amend:

If you feel the health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing to Professional Therapies Privacy Official, 1421 Third Street, Roanoke, VA 24016. In addition, you must provide a reason that supports your request for an amendment.

Your request may be denied for the following reasons:

- Request is not in writing or no reason to support request
- Information was not created by us or not part of the health information kept by or for our offices
- Information is not part of the information which you would be permitted to inspect and copy
- Information is inaccurate and incomplete

Any amendment we make to your health information will be disclosed to those with whom we disclosed information as previously specified.

Right to an Accounting of Disclosures:

You have the right to request a list accounting for any disclosures of your health care information we have made, except for uses and disclosures for treatment, payment and health care operations, as previously described. To request a list of disclosures, you must submit your request in writing to Professional Therapies Privacy Official, 1421 Third Street Roanoke, VA 24016. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost.

Right to Request restrictions:

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. **We are not required to agree with your request or restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction, make your request in writing to: Professional Therapies Privacy Official, 1421 Third Street, Roanoke, VA 24016.

Right to Request Confidential Communications:

You have the right to request that we communicate with you regarding health matters in a certain way or in a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. Your request must be made in writing to Professional Therapies Privacy Official. We will not ask you the reason for the request. You must specify how and where you wish to be contacted. Note: Professional Therapies shall notify you in writing if we determine your request not reasonable.

Right to a paper copy of this notice:

You have the right to a paper copy of this notice at any time. You may ask us to give you a copy of this notice at any time. You may also obtain a copy of this notice from our website, www.hipaadocs.com/site/ptor, or request that a copy be sent to you via email.

Changes to this notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Official at 1421 Third Street, Roanoke, VA 24016. All complaints must be submitted in writing and you will not be penalized for filing a complaint.

Other uses of Health information:

Other uses and disclosures of health information not covered by this notice or the laws applied to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reason covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided to you for a mandated period of time.