

## NOTICE OF PRIVACY PRACTICES

- Your Information
- Your Rights
- Our Responsibility
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Your privacy is important to us. This summary Privacy Notice describes how medical information about you may be used and disclosed, and how you may get access to this information if needed.

**Please review each section carefully.**

### Use and Disclosure

We collect information only as required to support treatment, payment and healthcare operations. We may use and share your information as we:

- Schedule and provide treatment
- Run our organization
- Bill for your services
- Do research
- Help with public health and safety
- Comply with the law
- Address any workers' compensation, law enforcement, or other government requests
- Respond to lawsuits or legal actions

### Your Rights


When it comes to your records, you have the right to:

- Get a copy of your paper or electronic medical records
- Request that we correct your records
- Request confidential communication
- Choose someone to act for you
- Ask that we limit the information we share
- Obtain a list of those with whom we've shared your information
- Review a copy of our full privacy notice
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You do have some choices in the way that we use and share your information as we:

- Contact you about your care
- Tell family and friends about your care
- Provide disaster relief
- Market our services and using your information



**Use and  
Disclosure**

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

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**Schedule and  
provide treatment**

- We can use your health information and share it with your physicians and other professionals who are treating you for the purpose of
  - Scheduling appointments
  - Providing treatment
  - Reviewing your plan of care.

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**Run our  
organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

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**Bill for your  
services**

- We can use and share your health information to bill and get payment from health plans or other entities.

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**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

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**Do research**

- We can use or share your information for health research.

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**Help with public  
health and safety**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Reporting adverse outcomes and helping with product recalls
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

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**Comply with the  
law**

- We will share information about you 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.

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**Address a workers’  
compensation  
claim, law  
enforcement, or  
other government  
requests**

- We can use or share health information about you:
  - For workers’ compensation claims related to your care
  - 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

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**Respond to  
lawsuits or legal  
actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.



**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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**Get a copy of your paper or electronic medical records**

- You can ask to see or to receive an electronic or paper copy of your medical record and other health information we have about you. Please ask us how to submit a request.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee for these services.

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**Request that we correct your records**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days of your request.

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**Request confidential communication**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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**Choose someone to act for you**

- 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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

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**Ask that we limit the information we share**

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Please notify us of this request at the time of your visit.

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**Obtain a list of those with whom we’ve shared your information**

- You can ask for a list (an accounting) of the times we’ve shared your health information 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).
  - We’ll provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.
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## Your Rights (continued)

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<b>Review a copy of our full privacy notice</b>	<ul style="list-style-type: none"><li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li></ul>
<b>File a complaint if you believe your privacy rights have been violated</b>	<ul style="list-style-type: none"><li>You can complain if you feel we have violated your rights by contacting us using the information on page 5.</li><li>You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by calling 1-877-696-6775, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a></li><li>We will not retaliate against you for filing a complaint.</li></ul>

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### Your Choices

**For certain health information, you can make choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"><li>Share information with your family, close friends, or others involved in your care</li><li>Share information in a disaster relief situation</li></ul> <p><i>If you are not able to tell us your preference, for example if you are involved in a disaster, we may go ahead and share your information if we believe it is in your best interest. We may also share your information if needed to lessen a serious and imminent threat to health or safety and when required by law enforcement.</i></p>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>Marketing purposes</li><li>Sale of your information</li><li>Sharing of psychotherapy notes, if any</li></ul>
<b>In the case of marketing and fundraising:</b>	<ul style="list-style-type: none"><li>We may contact you for marketing and fundraising efforts, but you can tell us not to contact you again.</li></ul>

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### **Our Responsibility**

- We are required by law to maintain the privacy and security of your protected health information.
- 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 information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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)

### **Changes to the Terms of this Notice**

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

5/5/2020

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**For additional information on to file a complaint, you may contact our privacy official at:**

Beth Kranda, COO/CFO  
Body One Physical Therapy  
8902 N. Meridian St. Suite 120  
Indianapolis, IN 46260  
Phone: (317) 581-1890  
Fax: (317) 581-2436  
Email: [bkranda@bodyonept.com](mailto:bkranda@bodyonept.com)

