

**NOTICE OF PRIVACY POLICIES FOR PEDIATRIC THERAPY
ASSOCIATES & SPORTS MEDICINE**

**NOTICE OF PRIVACY POLICIES
as required by the Privacy Regulations created as a result of the
Health Information Portability and Accountability Act of 1996 (HIPAA.)
These Privacy Standards are to be implemented by April 4, 2003.**

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.

Introduction

Our practice had always been dedicated to maintaining the privacy of your medical record, now referred to as Protected Health Information (PHI.) We at Pediatric Therapy Associates & Sports Medicine (later referred to as PTA&SM) have and will continue to maintain the privacy of you PHI. As part of caring for you, we will create records regarding you and the treatment and services you receive. Effective April 14, 2003, we are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with a notice of our legal duties and the privacy practices that we maintain in our practice concerning you PHI. By Federal and State Law, we must follow the terms of the Notice of Privacy Policies that we have in effect at the time.

Understanding Your Health Record/Information

Each time you visit PTA&SM a record of your visit is made. Typically, this record contains your symptoms, examination and any test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify the services we provided and for which they were billed,
- A tool to help educate our staff,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of our community, state and nation,
- A source of data for our planning and marketing,
- A tool with which we can assess our performance and the care we render and the outcomes we achieve.

Understanding what is in your record and how your PHI is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

As in the past your health record is the physical property of PTA&SM, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon written request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend you health record as provided for in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of you information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent action has already been taken.

Our Responsibilities

Pediatric Therapy Associates and Sports Medicine is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a revised copy on your next visit to our office.

We will not use or disclose you PHI without your authorization, except as described in the notice. We will also discontinue to use or disclose your PHI after we have received written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer at 919-781-4434 or via email at ldickinson@pedtherapy.com.

If you believe your privacy rights have been violated, you can file a notice with the Practice's Privacy Officer, or with the Office of Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment

For example: Information obtained by a nurse, physician, or other members of your health care team will be recorded in your report and used to determine the course of treatment that should best work for you. Your provider will document in your record his or her recommendations. Members of your health care team will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment.

We will also provide the physician that referred you and or that you identified with copies of various reports that should assist him or her in treating you once you are discharged from our care.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill will often include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for our regular health operations.

For example: Therapists in this practice, members of the therapeutic staff, the risk or quality improvement manager, or members of the equality improvement committee may use information in your health record to access the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include services provided by physicians in an emergency department or radiology center, certain laboratory tests, and copy services we used when making copies of your health record. When these services are contracted, we may disclose your PHI to our business associates so they can perform the job we have asked them to do and bill you or your third-party payer for their services rendered. To protect your health information, however, we will require the business associate to appropriately safeguard your information, through a business associate agreement.

Notification: We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, health information relevant to the person's involvement in your care or payment related to your care.

Research: We may disclose 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 your health information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you.

Workers Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: We may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Federal Law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.