



Notice of Privacy Practices

Policy Effective: 05/01/2016

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.

We understand the importance of your privacy and are committed to maintaining the confidentiality of your medical information. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; reporting to and corresponding with your referring physician or making referrals to another physician or clinic; or requesting information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking about your health care plans or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" means those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personal decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are: when a state or federal law mandates that certain health information be reported for a specific purpose, for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices, uses or disclosures for victims of suspected abuse, neglect or domestic violence; for audits by Medicaid; or for investigation of possible violations of health courts or administrative agencies, disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime in our office; or to report a crime that happened somewhere else, disclosures relating to worker's compensation programs, disclosures of a "limited data set" for research, public health or health care operations, incidental disclosures that are an unavoidable by-product of permitted uses or disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information. In the event that this Physical Therapy clinic is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another clinic or medical group. Unless you object, we will also share relevant information about your program with your family or friends who are helping you during your course of treatment/rehabilitation.

In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other method as appropriate.

APPOINTMENT REMINDERS AND OFFICE IDENTIFICATION

We may use and disclose information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you. We may communicate with you electronically, by phone or through the mail to remind you of scheduled appointments or to tell you that it is time to make a routine appointment. We may e-mail home exercise programs and follow up plans of treatment or new treatment options. Unless you tell us otherwise, we may send you electronic communications and/or leave you a reminder message on your answering machine or with someone who answers your phone if you are not available.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form" with content mandated by the federal government. We may initiate the authorization process if the use or disclosure is our idea or you may initiate the process for us to send your information to someone else. If we initiate the process and ask you to sign the authorization form, you do not have to sign it. If you do not sign the authorization form, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing and submitted to: Bozeman Pediatric and Sports Physical Therapy, LLC, 300 N. Willson Ave, Suite 105A, Bozeman, MT 59715.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you rights regarding your health information, the following are some examples:

You can ask us to restrict our uses and disclosures for purposes of treatment, payment or health care operations. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit and what limitations you wish to have imposed. We reserve the right to accept or reject any requests. Written requests should be sent to Bozeman Pediatric and Sports Physical Therapy, LLC.

You can ask that we contact you in a confidential manner such as phoning you at work and not at home, or not to leave messages. We will accommodate all reasonable requests. Written notice of this request should be sent to Bozeman Pediatric and Sports Physical Therapy, LLC.

You can ask to see or receive copies of your health record. By law, there are a few limited situations in which we can refuse to permit access or copying. But for the most part, you will be able to review or have a copy of your health information within 15 days of asking (or 60 days if the information is stored off site). You may be required to pay for photocopies in advance. If your records are contained electronically (EHR), you have a right to access them through a secured and mutually satisfactory method. Health information may be sent electronically over unsecured transmission if you have been advised of and fully understand the risks. If no mutually satisfactory method is found, you may obtain paper records, and may be subject to fees associated with portable media such as USB Drives or CDs. We reserve the right to deny your request and will send you a written explanation. If you would like to review or get copies of your health record, send a written request to Bozeman Pediatric and Sports Physical Therapy, LLC.

You can ask to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position and we will include it in your health information along with any rebuttal statement we may write. If you wish to request an amendment to your health record, submit a written request to Bozeman Pediatric and Sports Physical Therapy, LLC.

You may obtain a list of disclosures that we have made of your health information within the past 6 years. By law, the list will not include: disclosures for purposes of treatment, payment or health operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and other limited disclosures. You are entitled to one such list per year without charge. If you wish for more frequent lists, you will have to pay for them in advance. If you want a list or additional paper copies of this Notice of Privacy Practices, send a written request to Bozeman Pediatric and Sports Physical Therapy, LLC.

We will retain all of your health information for 7 years after the last date of your encounter in this clinic, as mandated by law. After this time your health information will be shredded or disposed of in another confidential manner.

We must abide by the terms of this Notice of Privacy Practices (NPP) until we revise it. We reserve the right to change this notice at any time as allowed by law. If we change the NPP, the new practices will apply to your health information that we already have, as well as any information we generate in the future. If we change the NPP, we will post the new notice in our office and provide paper copies upon request.