

Privacy Policy

Effective April 24, 2006

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
& HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW CAREFULLY**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical and dental records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential.

Our Pledge Regarding Health Information

We are committed to protecting your Personal Health Information (PHI). This notice applies to all records of your care generated by this health care practice, whether made by your personal physician or others working in this office.

For purposes of this notice, the term "we" includes the following:

- All employees, staff and other health care professional engaged by us to provide services or treatments to you or on your behalf
- Any member of a volunteer group or healthcare student we allow to help you while you are in our care

We are required by law to:

- 1) Make sure that health information that identifies you is kept private,
- 2) Maintain the privacy of protected health information,
- 3) Give you this notice of our legal duties and privacy practices with respect to your PHI, and abide by the terms of the notice that is currently in effect.
- 4) We are required by law to: notify affected individuals following a breach of unsecured protected health information.

How We May Use and Disclose Your PHI

The following Categories describe different ways that we use and disclose medical information.

For each category we will try to explain what we mean and give some examples. Not every use or disclosure will be listed.

However, all of the uses and disclosures will fall under one of the categories.

For Treatment: Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your healthcare bill, to support the operation of the practice and any other use required by law. We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to physicians, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices; at the hospital if you are hospitalized under our supervision; or at another physician's office, lab, pharmacy, or other health care provider where we may have referred you for x-rays, laboratory tests, prescriptions, or other treatment purposes. These health care services may involve using a confidential fax or e-mail. 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. We may contact you or leave a voice mail message to assist the practice in carrying out treatment, payment and healthcare operations.

Individuals Involved in Your Care or Payment for Your Care:

We may use health information for the limited purposes of disclosing PHI to persons assisting in the Individual's care (e.g., family members, guardian, and close friends). We may also give information to someone who helps pay for your care. We will take reasonable steps to disclose the minimum necessary amount needed for the limited purposes of disclosing PHI to persons assisting in the Individual's care.

We will not provide this information at your request. Contact the privacy officer at (314) 205-6503 with your request.

- **For Payment:** We may use and disclose information about treatment and services we provided to you for billing purposes such as the use of a billing service, electronic claims clearinghouse or collection agencies. These bills and payments may be 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 that your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment before you receive it so that we can obtain prior approval or determine if your plan will cover the treatment. We may use or disclose health information for utilization review activities. We may notify the guarantor on the account of a balance due. To assist in the payment of your bill, we may request additional information from a family member or other individuals involved in your care.
- **For Health Care Operations:** We may use and disclose health information about you for another providers treatment, billing and health care operations. We may use and disclose health information about you for the operation of our own health care practice. These uses and disclosures are necessary to run our practice, support the core functions of treatment and payment and to make sure that all our patients receive quality care. For example, we may conduct quality assessment and business planning reviews, we may use health information in a general review of our treatments and services or, more specifically, to evaluate the performance of our staff in caring for you. We may call your name in the waiting room; we may use a sign in sheet. We may use and disclose health information for verbal communications to contact you or leave voice mail messages such as, but not limited to; reminders that you have an appointment or that you missed an appointment, calls pertaining to your clinical care, including laboratory results among others. *Please let us know if you do not wish to have us contact you for this purpose or if you wish us to use a different phone number or address to contact you for this purpose.*
- **Business Associates:** There may be some services provided within Physical Medicine & Rehabilitation Clinic of St. Louis through contracts with Business Associates. Examples include; lawyers, accountants, billing companies, hospitals, management companies, equipment vendors, vendors who maintain PHI but do not view PHI, consultants, IT companies and subcontractors of Business Associates. When these services are contracted, we may disclose some or all of your health information to our Business Associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the Business Associates to appropriately safeguard your information in compliance with the HIPAA privacy laws.
- **Breach Notification:** In the case of a breach of unsecured protected health information our Business Associates are required to notify of any breach of unsecured protected health information.
- **As Required by Law:** We may use or disclose your personal health information to the extent that such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law. We may disclose health information in response to a subpoena, discovery request, or other lawful process.

Notice of Privacy Practice

Other Uses of Health Information – Special Situations

Examples of instances in which we are required to disclose your personal health information include: (a) Public health activities including, preventing or controlling disease, reporting adverse events, to comply with Federal or state law; immunization records when state or other laws require them (b) Disclosures regarding victims of abuse, neglect, or domestic violence; (c) Health oversight activities including, audits, civil, administrative, or criminal investigations, criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs (d) Judicial and administrative proceedings in response to an order of a court, a warrant, subpoena, discovery request, or other lawful process; (e) Law enforcement (f) Disclosures about decedents ex: Coroners, Health Examiners, Funeral Directors; (g) Research purposes under certain conditions; (h) To avert a serious threat to health or safety; (i) Military and veterans activities; (j) National security and intelligence activities, (k) medical suitability determinations by entities that are components of the Department of State; (l) Correctional institutions and other law enforcement custodial situations; (m) Covered entities that are government programs providing public benefits, and for workers' compensation (n) When required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

Uses and Disclosures That Require Your Consent:

Marketing: We may contact you regarding services we provide. Including communications that are treatment- related. If the marketing involves Payment to Physical Medicine & Rehabilitation Clinic of St. Louis from a third party, your written authorization is required. The required authorization must state that such remuneration is involved. Exceptions include face to face communications, promotional gifts of nominal value, Communications to describe a health-related product or service, case management and care coordination.

Fund Raising Communications: We may contact you to raise funds for our practice. You have a right to opt out of receiving such communications. You may opt out of fund raising communications in person, by writing to the practice address found at the end of this notice, by email.

Sale of Protected Health Information: We may contact you for authorization to release PHI. Our authorization must state if the disclosure will result in remuneration to the provider or practice. You may revoke that authorization at any time. Sale of Protected health Information does not include the sale, transfer, merger or consolidation of our medical group or for other purposes as required and permitted by law.

Psychotherapy Notes: Most uses and disclosures of psychotherapy notes require authorization. Psychotherapy notes *excludes any summary* of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission.

You may revoke that permission, in writing, at any time except to the extent that action has been taken in reliance on the use or disclosure indicated in the authorization.

If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, 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 provided to you.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. We may provide you with a summary of the personal health information requested, in lieu of providing access to the personal health information or may provide an explanation of the personal health information to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner.
Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
We may deny your request to inspect and copy in certain very limited circumstances as permitted or required by law. If you are denied access to health information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights and a description of how you may file a complaint with us. You may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. This practice will comply with the outcome of the review.
To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the office's Medical Records Department. If you request a copy of your personal health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance.
- **Right to Request Electronic PHI:** You have the right to request an electronic copy of PHI if readily producible.
- **Right to Share Information:** You have a right to name a personal representative who may act on your behalf to control the privacy of your health information. You have the right to request that we share health information to any person or healthcare provider of your choice. The request must be in writing to the Medical Records Department. Authorization is required to include specific information from your health records (ex: Behavioral Health records, Drug & Alcohol records, HIV testing & results).
- **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 for your care, such as a family member or friend. Your request must state the specific restriction and to whom you want the restrictions to apply.

In your request, you must tell us

- (1) what information you want to limit;
- (2) whether you want to limit our use, disclosure or both; and

Notice of Privacy Practice

(3) to whom you want the limits to apply, For example, you could ask that we withhold your information from a specified nurse or that we not disclose information to your spouse.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or, believe it will negatively affect the care we provide you. We will provide you with written notice if we do not agree to your request.

If we do agree, we will comply with your request, unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to this office's Medical Records Department.

Out of Pocket Expenses: A HIPAA-covered entity must comply with the request, not to disclose a record of that encounter or service to his/her insurance company, or even a business associate of the health plan, for payment or other healthcare operations. You have the right to request a restriction or limitation on the protected health information which pertains solely to a health care item or service for which you have paid out of pocket in full & the disclosure is not otherwise required by law. By law we must comply.

If we cannot unbundle services, you will be given an opportunity to restrict all PHI and pay out of pocket. It is your responsibility to notify any downstream providers

Follow up care may contain previously restricted PHI. You must request a restriction and pay out of pocket for any follow up visits.

For this restriction to apply to other downstream providers, it is your responsibility to request a restriction and pay out of pocket for care rendered by other providers

- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to this office's Medical Records Department. Your request must state a time period that may not be longer than 6 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 costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in writing within 30 days of your request. If we are unable to provide you with this information within 30 days, we will notify you of that fact and inform you of the date by which we can supply the list. This date will not be more than 60 days from the date you made the request.

Right to Amend: If you believe that health information we have 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. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified. To request an amendment, your request must be made in writing and submitted to this office's Medical Records Department. In the request, you must include supporting information and the reasons for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that:

- ✓ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- ✓ Is not part of the health information kept by or for our practice
- ✓ Is not part of the information that you would be permitted to inspect and copy
- ✓ Is accurate and complete

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

- **Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice at any time. A copy is available at our office or on our website. To request a copy be mailed, please contact this office's Medical Records Department.

- **Right to Receive Notification of a Breach:** You have the right to be notified if there is a probable compromise of your unsecured protected health information if the breach poses a significant risk of identity theft, financial, reputational or other harm to you within 60 days of the discovery of the breach.

Other Uses of Medical Information

Other uses and disclosure of medical information not covered by this Notice or other laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reason we have already made in reliance upon your current authorization, and that we are required to retain our records of the care we provided to you.

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. The notice will contain on the first page, at the top, the effective date. You may request a copy of our most current notice at any time.

Acknowledgment of Receipt of This Notice

We will request that you sign a separate form acknowledging that you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign his or her name and date. This acknowledgment will be filed with your records.

Complaints

If you believe your privacy rights have been violated, you may complain to us or file a complaint with us or with the Secretary of the Department of Health and Human Services in Washington, DC. You may file a complaint to us by notifying our privacy officer of your complaint at our main office address and telephone number. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Physical Medicine & Rehabilitation Clinic of St. Louis, LLC Privacy Officer 121 St. Luke's Center Dr., Ste. 500 Chesterfield, MO 63017 (314) 205-6503	Secretary of the U.S. Department of Health Attn: Secretary of the Department of Health 200 Independence Ave., S.W. Washington, D.C. 20201 Toll Free: 1-877-696-6775
---	---

Physical Medicine & Rehabilitation Clinic of St. Louis, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.