



EAST SACRAMENTO PHYSICAL THERAPY

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NOTICE OF PRIVACY PRACTICES

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.

The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at East Sacramento Physical Therapy, Inc. We need the record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share this medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Federal and State Laws require us to:

1. Keep your medical information private,
2. Make available to you this notice describing our legal duties, privacy practices, and your rights regarding your medical information,
3. Follow the terms of this notice that is now in effect.

We have the right to:

1. Change the Privacy Practices and terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.
3. Before we make an important change in our privacy practices, we will change the notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We use and disclose medical information as described below. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical assistants, or other people who are providing health care services to you.

Example: You are receiving post-operative rehabilitation for a repaired knee tendon. You are experiencing pain and swelling with therapy sessions.

- *The doctor treating you needs to know about the increased pain.*
- *The medical assistant in the doctor's office needs to relay the new symptom information to the doctor and return the doctor's response to us in a timely fashion.*
- *Relaying the information about your symptoms may help in further diagnosing any underlying problem.*

For Payment: We may use and disclose your medical information for payment purposes

- *We may need to give your health insurance plan information about specific treatments you are receiving from us so that your health plan will pay us or repay you for any treatments provided.*
- *We may also tell your health plan about a treatment or piece of equipment you may receive in order to get prior approval or to determine if your plan will pay for it.*
- *We may utilize a collections agency in the event of non-payment*



For Health Care Operations: We may use and disclose your medical information for our health care operations.

Examples:

- *Training programs for employees may require the use of medical records.*
- *Medical records may be required when obtaining certificates, licenses or credentials we need to serve you.*

Incidental Disclosures: East Sacramento Physical Therapy, Inc. will make every effort to protect your health information, due to the design of our systems and physical structures, the possibility exists for incidental disclosure. The following examples are ways in which minimal incidental disclosures might occur:

- We may:
- announce your arrival to a scheduled therapist or technician.
 - call you at home or your place of work.
 - leave a message on your answering machine or in voicemail
 - provide rehabilitation services in an open environment.
 - provide rehabilitation services in a gym setting
 - utilize a large master schedule in order to schedule appointments.
 - operate a sign-in system.
 - produce and mail newsletters periodically.
 - store medical records in the clinics as well as at an off-site storage facility.

ADDITIONAL USES AND DISCLOSURES

In addition to using and disclosure your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following specialized purposes:

Public Health Risks: We may disclose health information about you, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required by Law: We will disclose health information about you when required to do so by federal, state, or local law. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements. If you are involved in a lawsuit or dispute, we may also disclose health information about you in response to a court or administrative order.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections or licensing purposes.

Special Governmental Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Research: We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for permission if the researcher will have access to your name, address or other information that reveals who you are, or if the researcher will be involved in your care at East Sacramento Physical Therapy.

Medical Examiner or Coroner: We may share medical information about a person who has died with a coroner or medical examiner.

Notification: We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based upon our professional judgment, that you would not object. *For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the treatment room during treatment or while treatment is discussed.*



In situations where you are not capable of giving acknowledgement (because you are not present or due to incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only the health information relevant to the person's involvement in your case. For example, we may inform the person who accompanied you to East Sacramento Physical Therapy that your condition has worsened and you are unable to weight-bear. We may further instruct that person in how best to assist you into a car and to transport you to a physician's office or emergency room for diagnosis and treatment. We may also use our professional judgment or experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, medical supplies or X-rays..

Workers' Compensation: We may disclose health information when authorized and necessary to comply with laws relating to workers' compensation or other similar programs.

Disaster Preparedness: We may disclose health information to respond in a disaster situation (natural or other) in order to provide maximum safety to our patients and staff.

Your individual rights: You have the right to:

1. Look at or obtain copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. Charges for copying and/or postage may apply. Please ask office staff about our fees.
2. Receive a list of all the times we or our business associates shared our medical information for purposes other than treatment, payment and health care operations and other specified exceptions.
3. Require that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but, if we do, we will abide by our agreement except in the case of emergency.
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to our Privacy Officer/Office Manager
5. Request that we change your medical information. We may deny your request if we did not create the information you wanted changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. Upon admission to East Sacramento Physical Therapy you will be given a copy of this Notice of Privacy Practices.

Questions and Complaints:

If you have any questions about this notice, please speak with our business office staff at (916) 457-8802. If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

These privacy practices are currently in effect and will remain in effect until further notice.



**PATIENT ACKNOWLEDGEMENT OF
PRIVACY PRACTICES**

I acknowledge that I have read, understand, and have been given a copy of East Sacramento Physical Therapy, Inc.'s "Notice of Privacy Practices."

I, _____, understand that East Sacramento Physical Therapy, Inc. may use and disclose my health and medical information for the purposes of treatment*, payment, and health care operations***.**

- * *Treatment* includes activities performed by all MORE Physical Therapy, Inc. staff and other types of health care and administrative professionals involved in providing care to the above-mentioned patient, including those coordinating or managing care with third parties, and consultations with and between other health care providers and administrative professionals.
- ** *Payment* includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities which may include review of health care services for medical necessity, justification of charges, precertification and pre-authorization.
- *** *Health Care Operations* includes the necessary administrative and business functions of our office.

Because East Sacramento Physical Therapy, Inc. has reserved the right to change our privacy practices in accordance with the law, the terms contained in the Notice may change also. A summary of the Notice will be posted in our office indicating the effective date of the Notice in the upper right hand corner. We will give you a copy of the Notice on your first visit to us after the effective date of the then current Notice.

As more fully explained in the Notice, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment and health care operations purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency medical treatment.

I understand that I have the right to revoke this signed Acknowledgement, provided that I do so in writing, except to the extent that East Sacramento Physical Therapy, Inc. has already used or disclosed the information in reliance on this acknowledgement.

Patient's Signature: _____ Date: _____

Or

Signature of person authorized by law: _____ Date: _____