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# NOTICE OF PRIVACY PRACTICES

HOWARD COUNTY PHYSICAL THERAPY & SPORTS REHABILITATION  
4801 DORSEY HALL DRIVE, SUITE 130  
ELLCOTT CITY, MD 210942

EFFECTIVE 4/14/03

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**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.**

## **OUR RESPONSIBILITIES:**

We are providing you with this notice regarding our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice, while it is in effect. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will not use or disclose your health information without your authorization, except as described in this notice.

## **EXAMPLES OF USES & DISCLOSURES OF HEALTH INFORMATION:**

*We will use your health information for treatment.* Information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment that should best work for you. We may disclose your health information to a physician or other health care provider providing treatment to you.

*We will use your health information for payment.* Your health information may be used when compiling bills for your treatment visits. In addition, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health care operations.* We may use or disclose your health information in connection with our health care operations. Health care operations include, but are not limited to, quality assessment, the conducting of training programs, accreditation and certification, licensing or credentialing activities. In addition, if a health insurance carrier chooses to perform an audit of our patient medical records, we may be required to disclose protected health information.

*Business Associates:* There may be some services provided in our organization through contracts with Business Associates. Examples include, but are not limited to, electronic payors, clearinghouses, transcriptionists, collection agencies, document destruction companies and attorneys. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

*Notification:* In the event of your incapacity or an emergency circumstance, we may use or disclose your health information to notify, or assist in the notification of, a family member, your personal representative or another person responsible for your care.

*Communication with family:* We may disclose to a family member, or any other persons you deem relevant, health information necessary to help with your health care or with payment for your health care.

*Appointment Reminders/Marketing:* We may use or disclose your health information to contact you to provide appointment reminders (such as voicemail, postcards, letters, messages left with a third party) or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Workers Compensation:* We may disclose health information 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.

*Disability Insurance:* We may disclose health information to the extent authorized by and to the extent necessary to comply with the requirements of disability carriers.

*Subpoena:* We may disclose health information in response to a valid subpoena as required by law.

*Public Health:* As required by law, we may disclose your health information to public

health or legal authorities charged with tracking births and deaths, as well as preventing or controlling disease, injury, or disability.

*Abuse or Neglect:* We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

*Food and Drug Administration (FDA):* As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate 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, worker or the public.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

*National Security:* We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

*Notice of Privacy Practices Availability:* This notice will be prominently posted in the office where registration occurs. Patients will be provided a hard copy and may request a copy of the privacy policies at any time.

You may also request access by sending us a letter to the address in this notice.

#### **YOUR HEALTH INFORMATION RIGHTS:**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed in this notice. You may also request access by sending a letter to the address in this notice. If we are able to accommodate your request, we will charge you a reasonable cost-based fee for expenses such as copies, postage, staff time, and other expenses as applicable.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities, for the last six (6) years, but not before April 14, 2003. If you request this accounting more than once in a twelve (12) month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. Your request must be made in writing and must specify your additional restrictions. You will be notified if we are unable to accommodate your request.

**Alternative Communication:** You have the right to request that we communicate with you about health information by alternative means or to an alternative address. Your request must be made in writing and must specify the alternative means necessary. You will be notified if we are unable to accommodate your request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. You will be notified if we are unable to accommodate your request.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If you have questions and would like additional information, you may contact our privacy officer using the following information:

Howard County Physical Therapy  
4801 Dorsey Hall Drive, Suite 130  
Ellicott City, MD 21042  
Phone: 410-730-9851  
Fax: 410-730-9855  
Contact: May Wilson