

Privacy Policy

Effective Date: July 1, 2015

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 THIS CAREFULLY.

If you have any questions about this notice, please contact:

Colleen M. Liaga, PT
951.733.6637

This notice describes the procedures and practices that this clinic and its professional, support and administrative staff follow to protect the privacy of your health information.

YOUR HEALTH INFORMATION

This notice applies to the information and records she has about your health, health status, and the health care and services you received at this practice. Your health information may include information created and received by this practice, it may be in the form of written or electronic records or spoken words, and it may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

She is required by law to give you this notice. It will tell you about the ways in which she uses and discloses health information about you and describes your rights and her obligations regarding the use and disclosure of that information.

HOW SHE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

She may use and disclose health information for the following purposes:

For Treatment: She may use health information about you to provide you with medical treatment or services. She may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, the doctor who referred you for physical therapy may be treating you for a medical or orthopedic condition and she may need to know about that and any other health problems that could complicate your treatment. She may use your medical history to decide what treatment is best for you. She will consult with your doctor and send reports about your treatment to the doctor. She will do this to provide the most appropriate care for you.

She may share information about you and disclose information to people who do not work for this practice in order to coordinate your care, such as telephoning your doctor and getting needed

information. Family member and other health care providers may be part of your physical therapy outside this office and that may require us to provide information about you.

For payment: She may need to disclose health information about you in order to bill your health plan or insurance company or other third party for your treatment in this practice.

She may also need to tell your health plan or insurance company about a treatment you are going to receive in order to obtain prior approval, or to determine whether your plan will pay for the treatment.

For Health Care Operations: She may use and disclose health information about you in order to manage the practice and ensure that you and other patients receive quality care.

For example, she may use your health information to evaluate her performance in caring for you. She may also use health information about all or many of her patients to help decide what additional services she should offer, how she can become more efficient, or whether certain treatments are effective for certain problems.

She may also disclose your health information to your health plan and other health care providers that care for you in order to help these plans and providers evaluate or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

Appointment Reminders: She may contact you to remind you of your appointment. She may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. She may also call or write to notify you of other treatments or services available that might help you. Unless you tell us otherwise, she will leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

Treatment Alternatives: She may tell you about or recommend possible treatment options or alternatives that may interest you.

Health-Related Products and Service: She may tell you about health-related products or services that may interest you.

Email Communications: If you send her an email with questions or comments, she may use your personally identifiable information to respond to your questions or comments, and she may save your questions or comments for future reference. For security reasons, she does not recommend that you send non-public personal information, such as passwords, social security numbers, or bank account information, to her by email. However, aside from her reply to such an email, it is not her standard practice to send you email unless you request a particular service or sign up for email communications or you consented to being contacted by email for a particular purpose. In certain instances, she may provide you with the option to set your preferences for receiving email communications from her; that is, agree to some communications but not others.

Please notify her if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and

services. If you advise her in writing that you do not wish to receive these communications, she will not use or disclose your information for these purposes.

OTHER CIRCUMSTANCES

She may use or disclose health information about you for the following purposes, in accordance with the requirements and limitations of state and other law:

To Avert Serious Threat to Health or Safety: She may use and 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. She will disclose health information about you when required to do so by federal, state or local law.

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

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, she may be required by military command or other government authorities to release health information about you. She may also release information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation. She may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. She may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report suspected abuse or neglect, non-accidental physical injuries or problems with products.

Health Oversight Activities. She may disclose health information to a health oversight agency for audits, investigation, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, she may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, she may also disclose health information about you in response to a subpoena.

Law Enforcement. She 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.

Coroners, Medical Examiners and Funeral Directors. She may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable. She may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends. She may disclose health information about you to your family members or friends if she obtains your verbal agreement to do so or if she gives you an opportunity to object to such a disclosure and you do not raise an objection. She may also disclose health information to your family or friends if she can infer from the circumstances, based on our professional judgment that you would not object. For example, she may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (due to your incapacity or medical emergency), she may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, she will disclose only health information relevant to the person's involvement in your care.

Non-Custodial Parent. She may disclose health information about a minor child equally to the custodial and non-custodial parent unless a court order limits the non-custodial parent's access to the information.

OTHER USES AND DISCLOSURES PURSUANT TO YOUR SIGNED AUTHORIZATION

She will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you sign an Authorization for us to use or disclose health information about you, you may revoke that Authorization, **in writing**, at any time. If you revoke your Authorization, she will no longer use or disclose information about you for the reasons covered by your written Authorization, but she cannot take back any uses or disclosures already made with your permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

Right to Inspect and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that she keeps and uses to make decisions about your care. You must submit a written request to Colleen Liaga in order to inspect and/or copy records of your health information. If you request a copy of the information, she may charge a fee for the costs of copying, mailing or other associated supplies.

She may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to, health information that she keeps about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, she will select a licensed health care professional to review your request and her denial. The person conducting the review will not be the person who denied your request, and she will comply with the outcome of the review.

Right to Correct. If you believe health information she has about you is incorrect or incomplete, you may ask her to amend the information. You have the right to request a correction as long as the information is kept by this practice.

To request a correction, complete and submit a **MEDICAL RECORD AMENDMENT/CORRECTION FORM** to Colleen Liaga. She will provide you with one of these forms at your request.

She may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, she may deny your request if you ask us to correct information that:

- She did not create, unless the person or entity that created the information is no longer available to make the correction.
- Is not part of the health information that she keeps.
- You would not be permitted to inspect and copy.
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a record of the disclosures she made of medical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The records may also exclude any disclosures she has made based on your written authorization.

To obtain this accounting, you must submit your request in writing to Colleen Liaga in person. It must state the time period for which you want an accounting. The time period may not be longer than six years and may not include dates before July 1, 2015. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, she may charge you for the costs of providing the list. She 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.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information she uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information she discloses about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that she not use or disclose information about a surgery you had.

She is not required to agree to your request. If she does agree, she will comply with your request unless the information is needed to provide you emergency treatment or she is required by law to use or disclose the information.

To request restriction, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to Colleen Liaga in person. She will provide you with one of these forms at your request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that she only contact you at work or by mail or e-mail or text.

To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to Colleen Liaga. She will not ask you the reason for your request. She will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask her to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

CHANGES TO THIS NOTICE

She reserves the right to change this notice, and to make the revised or changed notice effective in the future. She will post the current notice or a summary of the current notice in her PT folder as she travels to your home with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this practice or with the Secretary of the Department of Health and Human Services. To file a complaint with this practice, contact Colleen Liaga at 951.733.6637. You will not be penalized for filing a complaint.