

NORTH SHORE PHYSICAL THERAPY ASSOCIATES INC

NOTICE OF PROTECTED HEALTH INFORMATION 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.

Purpose of Notice

Under the federal health care privacy regulations pertaining to the Health Insurance Portability and Accountability Act of 1996 set forth at 42 CFR § 160.101 et seq. (the "Privacy Regulations"), North Shore Physical Therapy Associates, Inc. ("the Practice") is required to protect the privacy of your individually identifiable health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history. We are also required to provide you with this Notice of Protected Health Information Practices regarding our legal duties, policies and procedures to protect and maintain the privacy of your health information ("the Notice") and to notify affected individuals following a breach of unsecured protected health information. We will not use or disclose your health information except as provided for in this Notice. However, we reserve the right to change the terms of this Notice and make new notice provisions for all your health information that we maintain. Should such terms change, we will make a copy of the revised notice available at our office and will post it on our website.

Permitted Uses and Disclosures of Your Health Information

1. **Uses and Disclosures for Treatment, Payment, and Health Care Operations:** Under the Privacy Regulations, we are permitted to use and disclose your health information without your consent or authorization for the following purposes:
 - a. **Treatment.** We are permitted to use your health information in the provision and coordination of your health care. We may disclose information contained in your medical record to your primary health care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment. For example, your physical therapist may disclose your health information when consulting with a physician regarding your medical condition.
 - b. **Payment.** We are permitted to use your health information for the purposes of determining coverage, billing, claims management, medical data processing and reimbursement. This information may be released to an insurance company, third party payer or other authorized entities involved in the payment of your medical bill and may include copies or portions of your medical record which are necessary for payment of your account. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment.
 - c. **Health Care Operations.** We are permitted to use and disclose your health information during the Practice's routine health care operations, including, but not limited to, quality assurance, utilization reviews, medical reviews, auditing, accreditation, certification, licensing or credentialing activities and for education purposes.
2. **Uses and Disclosures With Patient Authorization.** Under the Privacy Regulations, other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be considered a sale of protected health information require your written authorization. Under the Privacy Regulations, you may revoke your authorization; however, such revocation will not have any effect on uses or disclosures of your health information prior to our receipt of the revocation.
3. **Uses and Disclosures With Patient Opportunity to Verbally Agree or Object.** Under the Privacy Regulations, we are permitted to disclose your health information to a family member, a close personal friend or any other person identified by you, if the information is directly relevant to that person's involvement in your care or payment related to your care. You must be notified in advance of the use or disclosure and have the opportunity to verbally agree or object. In addition, we may disclose your protected health information to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment or if we reasonably infer that you would not object.
4. **Uses and Disclosures Without Written Authorization.** Under the Privacy Regulations, we are permitted to use or disclose your health information without your authorization for the following:
 - a. **Uses and Disclosures Required by Law.** We will disclose your health information when required to do so by law.
 - b. **Public Health Activities.** We may disclose your health information for public health reporting, reporting of communicable diseases and vital statistics and similar other circumstances.
 - c. **Abuse and Neglect.** We may disclose your health information if we have a reasonable belief of abuse, neglect or domestic violence.
 - d. **Regulatory Agencies.** We may disclose your health information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs and compliance with civil rights.
 - e. **Judicial and Administrative Proceedings.** We may disclose health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request or similar legal request.
 - f. **Law Enforcement Purposes.** We may disclose your health information to law enforcement officials when required to do so by law.
 - g. **Coroners, Medical Examiners, Funeral Directors.** We may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.
 - h. **Research.** Under certain circumstances, we may disclose your health information to researchers when their clinical research study has been approved by an institutional review board or privacy board that has reviewed the research proposal and provided that certain safeguards are in place to ensure the privacy and protection of your health information.
 - i. **Threats to Health and Safety.** We may use or disclose your health information if we believe, in good faith, the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

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- j. **Military/Veterans**. If you are a member of the armed forces, we may disclose your health information as required by military command authorities.
- k. **Workers' Compensation**. We may disclose your health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
- l. **Appointment Reminders**. We may use and disclose your health information to remind you of an appointment for treatment and medical care at our clinic.
- m. **Other Uses and Disclosures**. In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Regulations.
- 5. **Uses and Disclosures to Business Associates**. We are permitted to disclose your health information to Business Associates and to allow Business Associates to create, receive, transmit, or maintain your health information on our behalf. A Business Associate is defined under the Privacy Regulations as an individual or entity under contract with us to perform or assist us in a function or activity which requires the use of your health information. Examples of business associates include, but are not limited to, consultants, accountants, lawyers, medical transcriptionists and third party billing companies. We require all Business Associates to protect the confidentiality of your health information.

PATIENTS RIGHTS

Although your medical record is our property, you have the following rights concerning your medical record and health information:

Right to Request Restrictions on the Use and Disclosure of Your Health Information. You have the right to request restrictions on the use and disclosure of your health information for treatment, payment and health care operations. However, we are not required to agree with such a request, unless the disclosure is to a health plan for a payment or health care operation purpose and the protected health information relates solely to a health care item or service for which we have been paid out-of-pocket in full. If, however, we agree to the requested restriction, it is binding on us.

Right to Inspect and Copy Your Health Information. You have the right to inspect and request a copy of your own health information. However, we are not required to provide you access to all the health information that we maintain. For example, this right does not extend to psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding, or subject to or exempt from Clinical Laboratory Improvements Amendments of 1988. Access may also be denied if disclosure would reasonably endanger you or another person. In other situations, we may deny you access, but if we do, we must explain why and what your rights are, including how to seek review. If access is denied, you may have a right to have the denial reviewed by a reviewing official who did not participate in the original decision to deny. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies, whether in paper or electronic form.

Right to Seek an Amendment of Your Health Information. You have the right to request an amendment of your health information. We do not have to grant the request if we did not create the records, the records are not part of our designated record set for you, or we believe the records are accurate and complete. If we disagree with the requested amendment, we will permit you to include a statement in the record. Moreover, we will provide you with a written explanation of the reasons for the denial and the procedures for filing appropriate complaints and appeals. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

Right to an Accounting of Disclosure of Your Health Information. You have the right to receive an accounting of disclosures made by us of your health information within six (6) years prior to the date of your request. The accounting will not include disclosures related to treatment, payment or health care operations, disclosures to you, disclosures based on your authorizations, disclosures as part of a limited data set, disclosures incident to a use or disclosure, disclosures to persons involved in your care, or disclosures for national security or intelligence purposes, disclosures to correctional institutions or law enforcement officials, disclosures that occurred prior to our compliance deadline under the Privacy Regulations. The accounting of disclosures shall include the date of each disclosure, name and address of the person or organization who received your health information, a brief description of the information disclosed, and the purpose for the disclosure.

Right to Confidential Communications. You have the right to receive confidential communications of your health information by alternative means or alternative locations. For example, you may request that we only contact you at work or by mail.

Right to Send you a Birthday Card or a Thank you card. We have the right to send you a birthday card with your name and address on it. You have a right to opt out of it by informing a front desk receptionist of your request at any time throughout your treatment at NSPT.

Right to Revoke Your Authorization. You have the right to revoke your consent or authorization for the use or disclosure of your health information. However, such revocation will not have any effect on uses or disclosures prior to the receipt of the revocation.

Right to Receive Copy of this Notice. You have the right to receive a copy of this Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

Contact Information and How to Report a Privacy Rights Violation

If you have questions and would like additional information regarding the uses and disclosures of your health information, you may contact David Roberts, President/PTCO at 781-631-8250. Moreover, the Practice has established an internal complaint process for reporting privacy rights violations. If you believe that your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. To file a complaint with us, please contact David Roberts at 781-631-8250. All complaints must be submitted to the Practice in writing at 1 Widger Road Marblehead, MA. There will be no retaliation for filing a complaint.

Effective Date The effective date of this Notice is September 23, 2013. Last updated on May 14, 2019.