



**A Comprehensive Rehabilitation Company
HIPAA 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.

This Notice of Privacy Practices describes how we use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that related to your past, present or future physical or mental health or condition and related health care services.

We understand the medical information about you and your health is personal. We are committed to protecting medical information about you. HIPAA requires that this Notice, at minimum, cover the following three areas.

- 1. How we will use and disclose your PHI.**
- 2. Your rights with respect to your PHI.**
- 3. Our legal duties to protect the confidentiality of your PHI.**

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, our office 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 bills, to support the operation of the physician’s practice, and any other use required by law.

Treatment

We will use and disclose you PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

Payment

We may use and disclose your PHI so that the treatment and services received may be billed and payment may be collected from an insurance company or a third party. I understand that I am financially responsible for any and all amounts not otherwise paid by my insurance carrier.

Healthcare Operations

We may use and disclose your PHI for organizational operations. These uses and disclosures are necessary to run the organization and to make sure that all of our patients receive quality care.

Special Situations and Uses

We may use or disclose your PHI information in the following situations without your authorization as required by law. These specific authorizations are for several reasons listed:

Military and Veterans, Worker’s Compensation, Public Health Risks, Health Oversight Activities, Lawsuits and Disputes, Law Enforcement, National Security and Intelligence Activities, Protective Services for the President and Others, Inmates, Death and Funeral Arrangements as well as Organ Donation Agencies.

Your Rights Regarding Medical Information About You

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

Right to Inspect and Copy

You have the right to inspect and receive a copy of the medical information that may be used to make a decision about your care. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request in accordance to Tennessee Code Annotated 68-11-304.

Right to Amend/Correct Health Information

If you feel that the PHI that 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 the information is kept by or for Impact Physical Therapy.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI. It will not include any disclosures made for treatment, payment, health care operations, or disclosures made to other persons involved in your care.

Right to Request Restrictions

You have the right to request a restriction or limitation on your PHI we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on your PHI that we disclose about you to someone who is involved in your care or the payment for your care, like family members or friends. For example, you could ask that we not disclose to your family member information about a surgery you had last year.

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 we only contact you at work or by mail.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You will be provided a copy of this in our patient information packet.

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 PHI we already have about you as well as any information we receive in the future. We will keep a copy of the current notice in our Policy and Procedures manual. The notice will contain on the first page, the effective date. In addition, each time you register with Impact Physical Therapy a copy of the current notice will be available to you.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Impact Physical Therapy or with the Secretary of the Department of Health and Human Services. To file a complaint with Impact Physical Therapy contact Mike Martin, Privacy Officer, 1430 Baddour Parkway, Suite C, Lebanon, TN 37087.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name:_____

Signature:_____

Date:_____