



## **Notice of Privacy Practices**

This Notice provides an overview of the privacy practices of Ark Physical Therapy (also referred to in this Notice as “we”, “us”, and/or “our”). The privacy practices described in this Notice will be followed by all Ark Physical Therapy healthcare professionals, employees, staff, trainees, students, volunteers, and business associates. This notice describes how protected health information (defined below) about you may be used and disclosed and how you get access to this protected health information. This Notice is not a complete listing of how we use and disclose your protected health information. This Notice applies to all protected health information held in any form by the Ark Physical Therapy entities listed at the end of this Notice.

Please review this Notice carefully. Protected health information (also referred to in the Notice as “medical record”, “health information”, and/ or “information”) is your individually identifiable information, whether in electronic, paper, or oral, form, which may include, but is not limited to, your geographical information, your demographic information, information on healthcare services you have received or may receive in the future, your healthcare insurance benefits, full-face photographs and may comparable images of you, and any unique numbers that may identify you.

### **YOU HAVE THE RIGHT TO:**

Get a copy of your paper or electronic medical record, correct your paper or electronic medical record, request confidential communications, ask us to limit the information we share, get a list of those with whom we’ve shared your information, get a copy of this privacy Notice, choose someone to act for you, file a complaint if you believe your privacy rights have been violated

### **YOUR CHOICE:**

You have some choices in the way that we use and share information as we: tell family and friends about your condition, provide disaster relief, market our services and sell your information, raise funds

### **OUR USES AND DISCLOSURES**

We may use and share your information as we: treat you, run our organization, bill for your services, help with public health and safety issues, do research, comply with the law, address workers’ compensation, law enforcement, and other government requests, respond to lawsuits and legal actions

### **YOUR RIGHTS IN DETAIL AND HOW TO EXERCISE THEM**

Get an electronic or paper copy of your medical record: you can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To



request a copy of your medical record, please contact Ark Physical Therapy. We will provide a copy or a summary of your health information, usually within 20 days of your request.

Ask us to correct your medical record: you can ask Ark Physical Therapy to correct health information about you that you think is incorrect or incomplete by submitting the request in writing to Ark Physical Therapy, along with proper documentation to support the request.

Request confidential communications: you can ask Ark Physical Therapy to contact you in a specific way (for example, home or office phone) or send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share: you can ask Ark Physical Therapy not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information: you can ask for a list of times we’ve shared your health information for 6 years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year.

Get a copy of this privacy Notice: you can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.

Choose someone to act for you: if you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated: you can complain if you feel we have violated your rights by contacting Ark Physical Therapy. You can file a complaint with the U.S Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W Washington, D.C. 20201, calling 1-877696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) We will not retaliate against you for filing a complaint.

## **YOUR CHOICES IN DETAIL AND HOW TO EXERCISE THEM**



In these cases, you have both the right and choice to tell us to: share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation

In these cases we never share your information unless you give us written permission: marketing purposes, sale of your information

### **OUR USES AND DISCLOSURES IN DETAIL AND HOW TO EXERCISE THEM**

Treat you: we can use your health information and share it with other professionals who are treating you without your consent.

Run our organization: we can use and share your health information to run our practice, improve your care, and contact you when necessary without your consent.

Bill for your services: we can use and share your health information to bill and get payment from health plans or other entities without your consent.

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. WE have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [ww.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

#### **Help with public health and safety issues:**

We can share health information about you for certain situation such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety

Do research: we can use or share your information for health research.

Comply with the law: we will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### Address workers' compensation, law enforcement, and other government requests:

We can use or share health information about you: For workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for



activities authorized by law, for special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions: we can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **OUR RESPONSIBILITIES**

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this Notice and provide you a copy of this Notice. We will not use or share your information other than described in this Notice unless you tell us we can in writing by completing and signing our HIPAA Authorization Form. If you tell us we can use or share your information other than as described in this Notice, you may change your mind at any time by informing Ark Physical Therapy of the change in writing.

Changes to the Terms of This Notice: We can change the terms of this Notice without first notifying you, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website. For more information regarding the Notice of Privacy Practices, please see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/Noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/Noticepp.html)