



227 Central Ave | Christiansburg
757 University City Blvd | Blacksburg
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www.totalmotionpt.net

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY:

We are required by the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and applicable Virginia state law to maintain the privacy of your protected health information (PHI), and provide to you this Notice of Privacy Practices (“Notice”). This Notice describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for purposes that are permitted or required by state and federal law. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. This Notice also explains your rights to access and control your PHI, our duties regarding your PHI, and the Practices we have established to protect the privacy of your PHI. This Notice relates to PHI created or received by Total Motion Physical Therapy in connection with medical treatment provided by Total Motion Physical Therapy at its office. We reserve the right to change our privacy practices and applicable law permits the terms of this Notice at any time, provided such changes.

We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION:

TOTAL MOTION PHYSICAL THERAPY MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. Total Motion Physical Therapy utilizes an open treatment facility. It is possible that while under our care an unauthorized individual may have access to your protected health information via overheard verbal communications. We will do everything possible to protect your rights to privacy and confidentiality. During your care we also ask that you sign in each visit, subsequent patients will have the opportunity to read the names of those signed in before them.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.



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Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Health Oversight Activities: We may disclose your PHI as part of health oversight activities as authorized by law. Those kinds of activities can include investigations, inspections, audits, surveys, licensure and disciplinary activities, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

HIV Infection Status: State law protects the confidentiality of HIV infection status. We may not disclose any information regarding HIV infection status without your written consent except as required by law.

Lawsuits and Similar Proceedings: We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official under the following circumstances:

- o Regarding a crime victim when authorized by law
- o Concerning a death we believe has resulted from criminal conduct when authorized or required by law
- o Regarding criminal conduct at our offices
- o In response to a warrant, summons, court order, or similar legal process

Serious Threats to Health or Safety: We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Workers' Compensation: We may disclose your PHI for the purposes of workers' compensation and similar programs.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. 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.

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. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters, texts and emails).

PATIENT 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 practicably 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 contacting our office during business hours. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access in by sending a letter to our office. If you request copies, we will charge you \$.50 (fifty cents) per page for the first 50 pages and then \$.25 (twenty-five cents) for any pages thereafter. There will also be a, \$10.00 (Ten dollars) research fee for staff to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.



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Disclosure Accounting: All of our patients have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of certain non-routine disclosures the Practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our Practice is not required to be documented. For example, our physical therapist may share information with a referring doctor or nurse, or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an accounting of disclosures must state a time period, which may not be longer than 6 years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communications: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **(You must make your request in writing.)** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you 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.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions and Complaints: If you want more information about our privacy practices or if you have questions or concerns, please contact us during normal business hours.