



Notice of Privacy Practices

Update effective 12/03/2014

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.

KEY ISSUES:

1. Uses and Disclosures: Gordon Physical Therapy (GPT) use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Members of our health care team will record information about you in your medical record in order to plan and provide care. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, will only disclose identifiable health information about you with your written permission.

2. Your Rights: In most cases, you have the right to look at or get a copy of health information about you. If you request copies, you will be asked to put this request in writing and will be charged our normal photocopying fees. You also have the right to receive a list of certain types of disclosures of your information that GPT has made. If you believe that information contained in your medical record is incorrect, you have the right to request that we correct that information.

3. Our Legal Duty: GPT is required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You may also request a copy of our privacy notice at any time. For more information about our privacy practices, contact the person listed below.

4. Complaints: If you are concerned that we have violated your privacy rights, or with the treatment of your protected health information, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.



FURTHER DETAILS

1. Uses and Disclosures:

Following are some examples of the types of uses and disclosures of your protected health care information that the Gordon Physical Therapy is permitted to make without your written authorization.

These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your information may be provided to a doctor who has either referred you, or to whom you are being referred, in order to ensure that the doctor has necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval and payment for physical therapy treatment may require that your relevant protected information be disclosed to your insurance company or government plan.

Healthcare Operations: We may use or disclose your protected health information in order to support our business activities. For example, when we review employee performance, we may look at what an employee has documented in your medical record.

Business Associates: We may share your protected health information with a third party “business associate” that performs various activities (e.g., billing, transcription, auditing). Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your information.

Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or **required** by law as described below. You may revoke your authorization, at any time, in writing.

Opportunity to Object

GPT may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person that you identify, your protected health information that directly relates to that person’s involvement in your health care.

Communication Barriers: We may use and disclose your protected health information if we have attempted to obtain your acknowledgement of our Notice of Privacy Practices but are unable to do so due to substantial communication barriers, and we determine, using professional judgment, that you would agree.



Without Opportunity to Object

GPT may use or disclose your protected health information in the following situations without your authorization or opportunity to object.

Public Health: for public health purposes to a public health authority or to a person who is at risk of contracting or spreading a disease with which you are afflicted.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: to an appropriate authority to report child abuse or neglect, or if we believe that you have been a victim of abuse, neglect, or domestic violence.

Food and Drug Administration: as required by the FDA to track products.

Legal Proceedings: at your request, or as required by subpoena or court order.

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Military Personnel, Prison Inmates, or National Security: to military supervisors of Armed Forces personnel or to custodian of inmates, as necessary. Preserving national security may also necessitate disclosure of protected health information.

Worker's Compensation: to comply with worker compensation laws.

Compliance: to the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

2. Your Rights:

You have the right to:

Inspect and have copies of your healthcare information. You must submit your request in writing to the Gordon Physical Therapy HIPAA Officer, 626 N. Mullan Rd. suite#4, Spokane WA 99206. If you request a copy of your information, you will be charged our normal record copying fee. We may refuse to provide access to information for a civil or criminal proceeding.

Request restrictions be placed on your protected health information. You may ask GPT not to use or disclose certain parts of your information for treatment, payment, or healthcare operations. You may request that information not be disclosed to family members or friends who may be involved in your care. Your request must be in writing, state the specific restriction you are requesting, and to whom you want the restriction to apply. GPT is not required to agree to a restriction you may request, however, if we do agree, we must abide by the restriction.

Request to receive confidential communications from CPST by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition our agreement by asking you for information as to how payment for services will be handled, or by asking for a specific alternative address, telephone number, or other means of contact. We will not ask for an explanation from you as to the basis for your request.

Ask us to amend your protected health information. You may request an amendment of any protected health information which is about you. These requests must be made in writing and addressed as above. We may deny your request for amendment. If we do deny your request, you have the right to file a statement of disagreement with us, which will be placed in your medical record and included with all disclosures of information.

Receive a list of disclosures of your health information that CPST may have made. You have the right to receive specific information regarding these disclosures. This list will *not* include disclosures made for purposes of treatment, payment by third party payers nor for healthcare operations. It will also exclude disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. Your request for information about disclosures must state a time period, which may not be longer than seven years nor include dates before April 14, 2003. You may receive this information without charge once every 12 months. We will notify you of the cost if you request this information more often.

Obtain a paper copy of our most current copy of Notice of Privacy Practices.

End of Notice of Privacy Practices