



5640 S 84<sup>th</sup> Street, Suite 100  
Lincoln, NE 68516  
Phone: 402-486-0602

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND/OR YOUR DEPENDENT(S) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Who will follow this policy:

- the physical therapist(s) and staff of Advanced Physical Therapy (APT)
- residents, students and any volunteer approved by the physical therapist to assist in the operation of APT

### OUR RESPONSIBILITIES

#### WE ARE REQUIRED BY LAW TO:

- make sure that medical information about you and your dependent(s) is kept private;
- give you this notice of our legal duties and privacy practices, including the version and effective date of the current policy;
- follow the terms of the privacy notice that is currently in effect for our practice;
- provide you with an updated privacy policy at first contact if the policy changes for any reason. We reserve the right to change the terms of our privacy practices and retain the right to make the most current privacy practice notice effective for medical information we already have about you and/or your dependent(s) as well as any information we receive in the future;
- notify you if we are unable to agree with your written request

#### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU AND/OR YOUR DEPENDENT(S):

Following are some examples of how we may use and disclose medical information; however, not every use and disclosure is listed.

**For Treatment** – We may provide information from our patient’s medical records to other physicians, hospitals, laboratories, or other healthcare providers. For example, if you were scheduled to see a specialist for a problem not being treated at our office. Records about your treatment in our office including types and number of antibiotics may be forwarded to the specialist.

**For Payment** – We may use medical information so that services can be billed and payment collected from you, your insurance company, or a third party. For example, the patient name, birth date, address, and diagnosis are among needed information on and insurance claim to allow processing for insurance benefits. We may also share similar information with other healthcare professionals who provide services to you and/or your dependent(s). For example, billing and/or health information may be given to a radiology clinic when x-rays are ordered at the facility for you.

**For Healthcare Operations** – We may use medical information for healthcare operations that may help us to provide quality care. For example, we may use information to determine if additional services should be offered, or if staff should be increased.

**Business Associates** – We may provide medical information to other persons or organizations that provide services for us under contract. We require business associates to protect the medical information we provide to them.

**Appointment Reminders** – We may use personal health information to contact you as a reminder for an upcoming appointment or to reschedule a missed appointment.

**Individuals Involved in the Care of Payment of You and/or Your Dependent(s)** – We may provide medical information to a friend, family member or other person you say is involved in you/your dependent(s)’s medical care or in the payment for such care. This information will be provided only if you tell us or we believe it is appropriate and in the best interest of you and/or your dependent(s). For example, we may provide medical information about you and/or your dependent(s) if you will be gone or to someone helping in a disaster relief effort so that your family can be notified about you/your dependent(s) condition.

**As Required By Law** – Medical information will be provided about you/your dependent(s) when required by federal, state or local law enforcement. Examples include:

- Response to a court order, subpoena, warrant, summons or similar process;
- Identify or locate a suspect, fugitive, material witness, or missing person;
- Inquiries as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- Inquiries as to the death we believe may be the result of criminal conduct;



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\_\_ To report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Public Health Activities** – We may provide medical information about you/your dependent(s) for public health activities or as required by law. These activities generally include:

\_\_ To prevent or control disease, injury or disability;

\_\_ To report births or deaths;

\_\_ To report reactions to medications or problems with products;

\_\_ To notify people of recalls of products they may be using;

\_\_ To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition;

\_\_ To notify the government if we suspect a patient has been the victim of abuse, neglect or domestic violence.

**To Avert a Serious Threat to Health or Safety** – We may use and provide medical information about you/your dependent(s) when needed to prevent a serious threat to you/your dependent(s)'s health and safety or the health and safety of other people. This information will only be provided to someone able to help prevent the threat.

**Health Oversight Activities** – We may provide medical information to a health oversight agency for activities allowed by law. These activities allow the government to monitor health care systems, government programs, and compliance with civil rights laws and include audit, investigations, and inspections.

**Worker's Compensation** – We may provide medical information about you/your dependent(s) for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**National Security and Intelligence, and Protective Service Activities** – We may provide medical information about you/your dependent(s) to federal officials for intelligence, counterintelligence, and other national security activities. Such activities include protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

#### OTHER USES OF MEDICAL INFORMATION

We may not use or share medical information about you/your dependent(s) for any reason other than described above or as the laws apply to us, without your written permission.

#### YOUR RIGHTS

**Restrict Medical Information** – You may restrict the uses and disclosures of medical information about you/your dependent(s) as outlined above. Your restriction notice must be written. We are not required to honor your request and we may decide not to provide further treatment to you/your dependent(s).

**Look At and/or Copy** – This includes medical and billing records. Your request to look at or have information copied must be in writing. We may charge a fee for the cost of copying and mailing records.

**Change the Record** – If you feel the medical information about you/your dependent(s) is not correct; you may request that the information be changed. You must provide a written reason why you want the information changed. Your request may be denied and you will be notified in writing within 30 days why your request was denied.

**Receive a List of Disclosures** – You may ask for a list of companies, agencies, and/or persons who have received medical information about you/your dependent(s). Your written request must state a time period no longer than six years and may not include dates prior to January 1, 2017.

**Ask for Private Communication** – You may request that we communicate with you about medical matters in a certain way or at a certain place. All reasonable requests will be honored.

#### COMPLAINTS

If you think the privacy rights of you/your dependent(s) have been violated you may send your written complaint to Advanced Physical Therapy or to the Secretary of the U.S. Department of Health and Human Services.

Nothing will be held against you if you do file a complaint. If you have any questions regarding the Privacy Policy of Advanced Physical Therapy, you may contact us at 5640 S 84<sup>th</sup> Street, Suite 100, Lincoln, NE 68516; or you may telephone (402) 486-0602.

Effective date: January 1, 2017