

health information required for lawful intelligence, counterintelligence, and other national security activities.

*Notice of Privacy Practices Availability:* This notice will be prominently posted in the office where registration occurs. Patients will be provided a hard copy and may request a copy of the privacy policies at any time.

You may also request access by sending us a letter to the address in this notice.

### **YOUR HEALTH INFORMATION 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 reasonably do so. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed in this notice. You may also request access by sending a letter to the address in this notice. We may deny your request to inspect and copy your protected health information in certain limited circumstances. If we are able to accommodate your request, you will be charged a reasonable fee for each page and postage if you want copies mailed. If you request an alternate format, you will be charged a cost-based fee for providing your protected health information in that format.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations and certain other activities, for the last six (6) years, but not before April 14, 2003. If you request this accounting more than once in a twelve (12) month period,

we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. Your request must be made in writing and must specify your additional restrictions. You will be notified if we are unable to accommodate your request.

**Alternative Communication:** You have the right to request that we communicate with you about health information by alternative means or to an alternative address. Your request must be made in writing and must specify the alternative means necessary. You will be notified if we are unable to accommodate your 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. You will be notified if we are unable to accommodate your request.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If you have questions and would like additional information, you may contact our privacy officer using the following information:

Howard County Physical Therapy  
6011 University Blvd., Suite 130  
Ellicott City, MD 21043  
Phone: 410-203-0391  
Fax: 410-203-2707  
Contact: May Wilson

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# **NOTICE OF PRIVACY PRACTICES**

HOWARD COUNTY PHYSICAL  
THERAPY SPORTS REHAB  
6011 UNIVERSITY BLVD, STE 130  
ELLICOTT CITY, MD 21043

EFFECTIVE 4/14/03: REVISED 9/23/13

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**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.**

### **OUR RESPONSIBILITIES:**

We are providing you with this notice regarding our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice, while it is in effect. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will not use or disclose your health information without your authorization, except as described in this notice.

## **EXAMPLES OF USES & DISCLOSURES OF HEALTH INFORMATION:**

### *We will use your health information for treatment.*

Information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment that should best work for you. We may disclose your health information to a physician or other health care provider providing treatment to you.

*We will use your health information for payment.* Your health information may be used when compiling bills for your treatment visits. In addition, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. You have the right to request information not to be sent to your health plan when paying for services in full in cash (credit cards and checks count too). If you fail to pay for the services in full in cash, then we will bill your health plan and provide any records need to receive payment.

*We will use your health information for regular health care operations.* We may use or disclose your health information in connection with our health care operations. Health care operations include, but are not limited to, quality assessment, the conducting of training programs, accreditation and certification, licensing or credentialing activities. In addition, if a health insurance carrier chooses to perform an audit of our patient medical records, we may be required to disclose protected health information.

*Business Associates:* In connection with our operations we contract with individuals and entities (called "Business Associates") to perform various functions and services on our behalf. Examples include, but are not limited to, electronic payors, clearinghouses, transcriptionists, collection agencies, document destruction companies and attorneys. To

perform these functions or services, our Business Associate will receive, create, maintain use or disclose protected health information, but only after we require the Business Associate to agree in writing to contract terms designed to appropriately safeguard your information.

*Notification:* In the event of your incapacity or an emergency circumstance, we may use or disclose your health information to notify, or assist in the notification of, a family member, your personal representative or another person responsible for your care.

*Communication with family:* We may disclose to a family member, or any other persons you deem relevant, health information necessary to help with your health care or with payment for your health care.

*Appointment Reminders/Marketing:* We may use or disclose your health information to contact you to provide appointment reminders (such as voicemail, postcards, letters, messages left with a third party) or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will prohibit the sale of your PHI and will not disclose your PHI for marketing or fundraising uses without your written authorization.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Disability Insurance:* We may disclose health information to the extent authorized by and to the extent necessary to comply with the requirements of disability carriers.

*Subpoena:* We may disclose health information in response to a valid subpoena as required by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with tracking births and deaths, as well as preventing or controlling disease, injury, or disability.

*Abuse or Neglect:* 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.

*Food and Drug Administration (FDA):* As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, worker or the public.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

*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