



Feltz Therapy Services, LLC HIPAA NOTICE OF PRIVACY PRACTICE

It has long been the mission of Feltz Therapy Services, LLC to provide you and your family with the highest quality healthcare and health related services. We are committed to making every effort to protect the privacy and confidentiality of your family's health information. In keeping with recently enacted federal legislation, we are pleased to present you our Notice of Privacy Practice. We believe this notice will help you understand our obligations and commitments relative to your privacy as well as your rights over medical information. As always, we welcome any suggestions or comments you might have on this or any other part of our practice.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR PATIENTS MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

HIPAA (Health Insurance Portability and Accountability Act) Privacy Regulation is a federal regulation that requires that we provide detailed notice in writing of our privacy practices and policies. We do realize this document is long and we have provided a contact number at the end of the notice should you have questions in regard to our privacy practices.

1. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION

This Notice describes the ways that Feltz Therapy Services, LLC and its fully owned entities may use and disclose health information (medical record) about our patients. The Health Insurance Portability and Accountability Act requires that healthcare organizations protect the privacy of health information that identifies a patient or where the information can reasonably be used to identify a patient. Under the regulation this information is called "protected health information" and we shall refer to this as "PHI." This Notice additionally describes your rights under the regulation and our obligations regarding the use and disclosure of PHI. As a healthcare provider the law requires us to:

- Maintain the privacy of PHI about our patients;
- Give our patients or their legal guardians this Notice of our legal duties and privacy practice with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about our patients. If and when this Notice is changed, we will post a copy in our office in a prominent location as well as on our website. We will also provide you with a copy of the revised Notice upon your request made to our Executive Manager.

2. HOW FELTZ THERAPY SERVICES, LLC MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT OUR PATIENTS.

Under the regulation we may use and disclose health information for Treatment, Payment and Health Care Operations.

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples in each category are not all-inclusive and do not constitute a complete list of all uses and disclosures for that category.

Treatment: We may use and disclose PHI about our patients to provide health care services, coordinate health care services with others or manage our patient's health care and related services. We may consult with other health care providers (physicians, nurse practitioners, laboratory facilities, hospitals, etc.) regarding treatment and

- Assist Feltz Therapy Services, LLC in making strategic planning decisions.
- Grievance resolution within our organization.
- Business planning and development.
- Business management and general administrative activities of our practice.
- We may use PHI about our patients to "de-identify" information that is not identifiable to any individual. This means all identifying information about you is removed.

Communication From Our Office: We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health related benefits that may be of an interest to you.

Other Uses and Disclosures:

- A. **As Required By Law.** We may use and disclose PHI as required by federal, state, or local law. Any disclosure is limited to the requirements of the law.
- B. **Public Health Activities.** Federal and state law requires disclosures of PHI to public health authorities or their designee to carry out certain activities related to public health, including:
 - Prevent or control disease, injury, or disability;
 - Report disease, injury, birth, or death;
 - Report child abuse or neglect;
 - Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease;
 - Report reaction to medication or problems with products or devices related by the Food and Drug Administration that relates to quality, safety, or effectiveness of FDA-regulated products; or
 - Report to employers, under limited circumstances, information related to workplace injuries or illness, or workplace medical surveillance.

- C. Abuse, Neglect, or Domestic Violence. We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.
- D. Oversight Activities. We may disclose PHI to a health oversight agency for activities that includes audits, investigations, inspections, licensure and disciplinary activities and other activities conducted to monitor the health care system, government health care programs, and compliance with certain laws.
- E. Lawsuit and Other Legal Proceedings. We may use or disclose when required by a court or in response to subpoenas, discovery requests, or other legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.
- F. Law Enforcement. Under certain circumstances we may disclose PHI to law enforcement officials for the following purposes:
- Under certain limited circumstances, about a suspected crime victim if we are unable to obtain a person's agreement because of incapacity or emergency;
 - To alert law enforcement of death that we suspect was the result of criminal conduct;
 - When required by law;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About a crime or suspected crime committed at our office
 - We did not create;
 - Is not part of the medical information kept by the Feltz Therapy Services, LLC;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - The information that you requested amended is accurate and complete.
- G. Right to An Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you or your child(ren). We are not required to account for disclosures for treatment, payment, health care operations, disclosures to you, or disclosures made through a written authorization.
- H. To request this list, you must submit your request in writing to Feltz Therapy Services, LLC. Your request must state the time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- I. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you or your child(ren) for treatment, payment or health care operations. You have the right to request a limit on the medical information we disclose to someone who is involved in your care or the payment for your care, like a family member or friend.

- J. We are not required to agree to your request. If we do agree to your restriction, we will comply with your request unless the information is needed to provide emergency treatment.
- K. To request a restriction, you must make your request in writing to Feltz Therapy Services, LLC, Release of Information Department. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.
- L. Note: Feltz Therapy Services, LLC shall respond to your written request for a restriction in writing no later than sixty days upon request. Only restrictions to which a written response has been given shall apply.
- M. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Example, you can ask that we only contact you by mail.
- N. To request confidential communications, you must make your request in writing to Feltz Therapy Services, LLC, Release of Information Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Note: Feltz Therapy Services, LLC shall notify you in writing if we determine your request not reasonable.

Questions: The designated HIPAA Compliance Officer for Feltz Therapy Services, LLC is Beth Cummings, Operations Manager. Please feel free to contact her with any questions or concerns regarding this policy. She can be reached at 615-220-5796.

Complaints: If you believe your privacy rights have been violated, please contact our Office Manager at the number listed above. Every reasonable attempt will be made to investigate and resolve the complaint. In certain circumstances, our Office Manager may request that you submit your complaint in writing. Additionally, you may file a complaint with the Secretary of the Department of Health and Human Services.

Feltz Therapy Services, LLC has a non-retaliation, non-retribution policy for reporting or complaints. No individual filing a complaint shall be penalized.

Other Uses of Medical Information: Uses and disclosures not covered by this Notice shall be made only with your written permission. If you provide us permission to use or disclose medical information about you or your child(ren), you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provide to our patients.