

NOTICE OF PRIVACY PRACTICES

To our patients: This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulation created as a result of the Health Insurance Portability Act of 1996.

Our commitment to your privacy: Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your information
- Your privacy right
- Our obligation concerning the use and disclosure of your health information

Use and disclosure of your health information in certain circumstances:

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to court or administrative order.
3. If asked to do so by law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of a U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Worker's Compensation and similar programs.

Your right regarding your health information:

1. Communications. You can request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work. We will accommodate reasonable requests.
2. You can request a restriction in our use of disclosure of your health information for treatment, payment, or health operations. Additionally you have the right to request that we restrict our disclosure of your health information to certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree with your request; however if we do not agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records, and billing records, but not including psychotherapy notes. You must submit your request in writing to Stacey M. Simons, P.T. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Stacey M. Simons, P.T. You must provide us with a reason that supports your request for an amendment.
4. You are entitled to receive a *full* copy of this notice of privacy practices at any time by asking the front desk.
5. If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Stacey M. Simons, P.T.
6. Our practice will obtain written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact Stacey M. Simons, P.T.

If you would like to have a copy of this notice, please ask at the front desk.

