



114 East Main Street · Fredericksburg, PA 17026 · (717) 820-4979

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY

Ditzler Physical Therapy (DPT) is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from DPT. This Notice details how your PHI may be used and disclosed to third parties to carry out your treatment, payment for your treatment, health care operations of DPT, and for other purposes permitted or required by law. This Notice also details your rights regarding PHI.

USE OR DISCLOSURE OF PHI

1. DPT may use and/or disclose your PHI for treatment, payment for your treatment, and health care operations of DPT. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.
 - (a) Treatment-In order to provide, coordinate and manage your health care, DPT will provide your PHI (including electronic PHI) to those health care professionals, whether on DPT's staff or not, directly involved in your care so that they may understand your medical conditions and needs, and provide advice or treatment. However, your consent is required for use or disclosure of psychotherapy notes. As of March, 2013 immunization records for students may be released without an authorization.
 - (b) Payment-In order to get paid for services provided to you, DPT discloses your health information to third parties such as insurance carriers or collection agencies, pursuant to their billing and payment requirements, as well as other parties that may be responsible for payment, such as family members.
 - (c) Health Care Operations-In order for DPT to operate in accordance with applicable law and insurance requirements and in order for DPT to continue to provide quality and efficient care, it may be necessary for DPT to compile, use and/or disclose your PHI. This includes business associates and subcontractors who may be involved in your treatment, billing, administrative support or data analysis, and these business associates will also be required by law through signed agreements to protect your health information.

AUTHORIZATION NOT REQUIRED

1. In addition to treatment , payment and health care operations, DPT may use and/or disclose your PHI, without a written Authorization from you, in the following instances:
 - (a) De-Identified Information-Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
 - (b) Business Associate-To a business associate, which is someone who DPT contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations (e.g., billing service or transcription service). DPT will obtain satisfactory written assurance, in accordance with applicable law, that the business associates will appropriately safeguard your PHI.
 - (c) Personal Representative-To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
 - (d) Public Health Activities-Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.
 - (e) Federal Drug Administration-If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
 - (f) Abuse, Neglect, or Domestic Violence-To a government authority if DPT is required by law to make such disclosure. If DPT is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if DPT believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
 - (g) Health Oversight Activities-Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigation, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
 - (h) Judicial and Administrative Proceedings-For example, DPT may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.
 - (i) Law Enforcement Purposes-In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e. subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of DPT; and (6) a medical emergency (not on DPT's premises) has occurred, and it appears that a crime has occurred.
 - (j) Coroner or Medical Examiner-DPT may disclose you PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.
 - (k) Organ, Eye, or Tissue Donation-If you are an organ donor, DPT may disclose your PHI to the entity to whom you have agreed to donate your organs.
 - (l) Research-If DPT is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.
 - (m) Avert a Threat to Health or Safety-DPT may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and disclosure is to an individual who is reasonably able to prevent or lessen the threat.
 - (n) Specialized Government Functions-When the appropriate conditions apply, DPT may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. DPT may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.
 - (o) Inmates-DPT may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.
 - (p) Workers' Compensation-If you are involved in a Workers' Compensation claim, DPT may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
 - (q) Disaster Relief Efforts-DPT may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.
 - (r) Required by Law-If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization, which you may revoke at any time. This includes consent prior to the use or disclosure of any psychotherapy notes or the use of your PHI for marketing purposes.

SIGN IN SHEET

DPT may use a sign-in sheet at the registration desk. DPT may also call your name in the waiting room when your doctor is ready to see you.

APPOINTMENT REMINDERS

DPT may, from time to time, contact you to provide reminders for scheduled or recommended services or treatments.

TREATMENT ALTERNATIVES/BENEFITS

DPT may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

MARKETING AND FUNDRAISING

DPT may only use and/or disclose your PHI for marketing or fund-raising activities if we obtain from you a prior written Authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. Marketing also includes the receipt by DPT of remuneration, directly or indirectly, from a third party whose product or services is being marketed to you. However, marketing does not include, for example, sending you a newsletter or electronic information about the Practice.

ON-CALL COVERAGE

In order to provide on-call coverage for you, it is necessary that DPT establish relationships with other PT's or physicians who will take your call if your PT from DPT is not available. Those on-call professionals will provide DPT with whatever PHI that they create and will, by law, keep your PHI confidential.

FAMILY/FRIENDS

DPT may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. DPT may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply;

- (a) DPT may use or disclose your PHI if you agree, or if DPT provides you with opportunity to object and you do not object, or if DPT can reasonably infer from the circumstances, based on the exercise of its judgment, that you do not object to the use or disclosure.
- (b) If you are not present, DPT will, in the exercise of its judgment, decide whether the use or disclosure is in your best interest and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

YOUR RIGHTS

1. You have the right to:
 - (a) Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to DPT's Privacy Officer.
 - (b) Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, DPT is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to DPT's Privacy Officer. In your written request, you must inform DPT of what information you want to limit, whether you want to limit DPT's use or disclosure, or both, and to whom you want the limits to apply. If DPT agrees to your request, DPT will comply with your request unless the information is needed in order to provide you with emergency treatment. If you pay in full out of pocket for your treatment, you can instruct us not to share information about your treatment with your health plan, if the request is not required by law.
 - (c) Receive confidential communications or PHI by alternative means or at alternative locations. You must make your request in writing to DPT's Privacy Office. DPT will accommodate all reasonable request.
 - (d) Inspect and copy your PHI as provided by law. You may also obtain an electronic copy of your PHI for information we store electronically. To inspect and/or copy your PHI, you must submit a written request to DPT's Privacy Officer. DPT can charge you a fee for the cost of copying, mailing or other supplies associated with your request. In certain situations that are defined by law, DPT may deny your request, but you will have the right to have the denial reviewed as set forth more fully in the written denial notice.
 - (e) Amend your PHI as provided by law. To request an amendment, you must submit a written request to DPT's Privacy Officer. You must provide a reason that supports your request. DPT may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by DPT (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by DPT, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and (b) complete. If you disagree with DPT's denial, you will have the right to submit a written statement or disagreement.
 - (f) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to DPT's Privacy Officer. The request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve (12) month period will be free, but DPT may charge you for the cost of providing additional lists. DPT will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.
 - (g) Receive a paper copy of this Privacy Notice from DPT upon request to DPT's Privacy Officer.
 - (h) Complain to DPT or the Secretary of Health and Human Services if you feel that your privacy has been violated. To file a complaint with DPT, you must contact DPT's Privacy Officer. All complaints must be in writing.
 - (i) To be notified in the event of a breach of your privacy. In the event of a breach, we will take all steps required by law, including a risk assessment and the appropriate notifications, and inform you of any steps you should take to protect yourself against harm due to a breach.
 - (j) To request that a health plan not be informed of treatment that is paid for in full by you, and DPT's obligation to comply with your request.
 - (k) To opt out of communications for fundraising purposes.
 - (l) To obtain more information on, or have your questions about your rights answered; you may contact DPT's Privacy Officer at 717-820-4979.

PRACTICE REQUIREMENTS

1. Ditzler Physical Therapy (DPT):
 - (a) Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of DPT's legal duties and privacy practices with respect to your PHI.
 - (b) Is required to abide by the terms of the Privacy Notice.
 - (c) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.
 - (d) Will not retaliate against you for making a complaint.
 - (e) Must make a good faith effort to obtain from you an acknowledgement of receipt of the Notice.
 - (f) Will post this Privacy Notice on DPT's web site.

EFFECTIVE DATE

This Notice is in effect as of December 15, 2014.

I HAVE READ AND UNDERSTAND THE HIPAA "NOTICE OF INFORMATION PRACTICES" FROM DITZLER PHYSICAL THERAPY, LLC.

X

X-Signature of Patient/Guardian

x-Date