



## **HEALTH INFORMATION NOTICE OF PRIVACY PRACTICES**

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.

### **UNDERSTANDING YOUR HEALTH INFORMATION**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made to manage the care you receive. Physical Therapy at Thrive, LLC understands that the medical information that is recorded about you and your health is personal. The confidentiality of your health information is also protected under both state and federal law. This Notice of Privacy Practices describes how Physical Therapy at Thrive, LLC may use and disclose your information and the rights that you have regarding your health information.

### **HEALTH INFORMATION RIGHTS**

Although your health information is the physical property of the facility or practitioner that compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed; Agreement with the request is required by law if you are paying for services in full, out of pocket and do not wish for your health insurance to be filed or notified in any manner.
- Inspect or obtain a copy of your health record as provided by law.
- Request, in writing, that your health record be amended as provided by law, if you feel the health information, we have about you is incorrect or incomplete. You will be notified if the request cannot be granted.
- Request, in writing that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated.
- Request, in writing, to obtain an accounting of disclosures of your health information as provided by law.
- Obtain a paper copy of this Notice of Privacy Practices on request.
- You may exercise these rights by directing a request to the Privacy Contact listed on this Notice.

### **OUR RESPONSIBILITIES**

Physical Therapy at Thrive, LLC has certain responsibilities regarding your health information, including the requirement to:

- Maintain the privacy of your health information.

- Provide you with this Notice that describes Physical Therapy at Thrive, LLC's legal duties and privacy practices regarding the information that we maintain about you.
- Abide by the terms of the Notice currently in effect.
- Inform you that Physical Therapy at Thrive, LLC must keep your medical records for a time required by law and then may dispose of them as permitted by law.

Physical Therapy at Thrive, LLC entities reserve the right to change these information privacy policies and practices and to make the changes applicable to any health information that we maintain. If changes are made, the revised Notice of Privacy Practices will be made available at the Physical Therapy at Thrive, LLC facility, will be posted on the Physical Therapy at Thrive, LLC web site and will be supplied when requested.

### **Uses and Disclosures of Health Information**

When you obtain services from Physical Therapy at Thrive, LLC, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment and to support the operations of the entity and other involved providers. These following categories describe ways that Physical Therapy at Thrive, LLC uses or discloses your information, and some representative examples are provided in each category. The ways your health information is used or disclosed should fall within one of these categories.

#### **Your health information may be used for treatment.**

For example: Disclosures of medical information about you may be made to doctors, nurses, technicians, or others who are involved in your treatment at Physical Therapy at Thrive, LLC. Information may be shared with radiology centers for the coordination of different treatments.

#### **Your health information may be used for payment.**

For example: Health information about you may be disclosed so that services provided to you may be billed to an insurance company or a third party. Information may be provided to your health plan about the treatment you are going to receive to obtain prior approval or determine if your health plan will cover the treatment.

#### **Your health information may be used for health care operations.**

For example: The information in your health record may be used to evaluate and improve the quality of the care and services we provide. Students, volunteers, trainees may have access to your health information for training and treatment purposes as they participate in continuing education, training, and internships.

#### **Business Associates:**

There are some services that we provide through contracts with third party business associates. Examples include external medical records agencies, shredding services, information technology (IT) company. To protect your health information, Physical Therapy at Thrive, LLC requires these business associates to appropriately protect your information.

### **Disclosures Requiring Verbal Agreement**

Unless you give notice of an objection, and in accordance with your authorization to Verbally Release Health Information, medical information may be released to a family member or other person who is involved in your medical care or who helps pay for your care. Information about you may also be disclosed to notify your family members, legally authorized representative, or other person responsible for your care about your location and general condition. You will be given an opportunity to agree or object to these disclosures except as due to your incapacity or in emergency circumstances.

### **Disclosures Required by Law or otherwise Allowed without Authorization or Notification**

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement:

- When disclosure is required by federal, state, and local law, judicial or administrative proceedings, or for law enforcement. Examples would be reporting child abuse or responding to court orders.
- For health oversight activities, such as audits, inspections, or licensure investigations.
- For research purposes, when the research has been approved by an institutional review board.
- To avoid a serious threat to the health and safety of a person or the public.
- For specific governmental purposes.
- For workers compensation purposes.
- To military command authorities as required for members of the armed forces.
- To federal officials for national security and intelligence activities as authorized by law.
- To correctional institutions or law enforcement officials concerning the health information of inmates, as authorized by law.

### **Other Allowable Users and Disclosures Without Authorization**

Other uses or disclosures of your health information that may be made include:

- Contacting you to provide appointment reminders for treatment or medical care, as well as to recommend treatment alternatives.
- Notifying you of health-related benefits and services that may be of interest to you.
- Use of your health information for the purposes of surveys and newsletters for Physical Therapy at Thrive, LLC. You will have the opportunity to opt out of any future communications.

### **Breach Notification**

In certain instances, you have the right to be notified in the event that we, or one of our business associates, discover the unauthorized use or disclosure of your unsecured health information that may reasonably result in financial, reputational, or other harm to you. Notice of any such breach will be made as required by state and federal law.

### **Required Uses and Disclosures**

Under the law we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy law.

### **Uses and Disclosure Requiring Authorization**

Any other uses or disclosures of your health information not addressed in this Notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time.

### **Privacy Complaints**

You have the right to file a complaint if you believe your policy rights have been violated. This complaint may be addressed to the Privacy Contact listed in this Notice, or to the Security of the Department of Health and Human Services. There will be no retaliation for registering a complaint.

### **Privacy Contact**

Address any questions about this Notice or how to exercise your privacy rights to the Privacy Officer:

- Name: Jody A Thatcher Bullard
- Website: [www.thriveptpilates.com](http://www.thriveptpilates.com)
- 2302 N Bogus Basin Rd, Suite C
- Boise, ID 83702
- 208-344-0737

### **Effective Date:**

**May 13, 2020**

Notice to Patients Regarding Disposal of Medical Record You are hereby informed that Physical Therapy at Thrive, LLC may authorize the disposal of your medical records on or after the 7th anniversary of the date on which you were last treated in one of our locations. If a patient is younger than 18 years of age when he or she was last treated at Physical Therapy at Thrive, LLC, Physical Therapy at Thrive, LLC may authorize the disposal of medical records relating to the patient on or after the date of the patient's 20th birthday or on or after the 7th anniversary of the date on which the patient was last treated, whichever date is later.