

Therapy Solutions Privacy Practice Notice

Notice of Privacy Practices

Effective – April 4, 2011

Revised – October 2019

Therapy Solutions is committed to protecting the privacy of our clients. This notice outlines the measures we take to do that. We are committed to being in compliance with **The Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. HIPAA is a federal program that requires strict confidentiality for all your protected health information (PHI) in any form, whether electronic, written or verbal. This Act gives you rights to understand and control how your health information is used, disclosed and how you may gain access to it.

This Notice of Privacy Practices describes how Therapy Solutions may use and disclose your protected health information. It also describes your rights to access and control your protected health information. A parent or guardian must sign for a minor (under the age of 18) and handle their privacy rights.

This notice describes how your information may be used or disclosed and how you can gain access to it. **Please read this notice carefully.**

THE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

When you become a patient of Therapy Solutions, we will use your health information within Therapy Solutions. Your health information may be disclosed outside of Therapy Solutions for the reasons described in this notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, and technicians who need that information to provide medical treatment. We also may disclose your health information to people outside Therapy Solutions who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Payment. We may use your health information for payment purposes. In order to bill and receive payment for services provided from your insurance company or another third party, we will need to include information that identifies you, as well as your diagnosis and procedures so that we can be compensated for the treatment provided. At times, we may need to get prior payment approval from your health insurance company regarding certain treatments.

Health Care Operations. We may use and disclose your health information to carry out health care operations. For example, we use and disclose information from patients to monitor and improve services. Therapy Solutions may use your health information to review the care you received and to evaluate the performance of our staff. We may combine health information about many patients in order to assist in identifying new services to offer, what services are not effective and which therapies are effective. We may need to disclose information to other health care professionals such as, doctors, nurses, technicians and Therapy Solutions staff for learning and quality improvement purposes. At times, we may remove all identifying information in order for professionals outside of Therapy Solutions to study health data.

Train Staff and Students. We may use and disclose your information to teach and train staff and students. An example of this is when a physical therapist reviews patient health information with a physical therapy student.

Appointment Reminders and Other Services. Your health information may also be used to contact (via phone, email or mail) you to remind you about appointments, payments, advise you about other services provided by Therapy Solutions or other matters.

Minors. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

As Required by Law. We will disclose PHI about you when required to do so by federal, state or local law, or by the court process.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURE

As described above, we will use your health information and disclose it outside Therapy Solutions for treatment, payment, health care operations and when permitted or required by law. We will not use or disclose your PHI for other reasons without your written authorization (release of information). An example, if you want Therapy Solutions to release treatment information to your employer or your child's school you will need to fill out a release of information. These types of uses and disclosures of PHI will only be made with a release of information. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of PHI already made with your authorization.

RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Right to Accounting. You may request in writing an accounting, which is a list of entities or persons (other than yourself) to whom Therapy Solutions has disclosed your PHI without your written authorization. The accounting would not include certain instances, such as disclosures for treatment, payment, health care operations and certain disclosures by law. *The request must be in writing, signed, dated, identifying the time period for which you are requesting and the form in which you want the list (paper or electronic, etc.).* Submit your written request to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. We will respond within 60 days of receiving your request. The first listing within any 60-day period is free; any other requests within the same 60-day period will have a processing fee.

Right to Request an Amendment. If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. Your request for an amendment must be in writing, signed and dated. Your request must specify the records you wish to amend, identify Therapy Solutions and give a reason for the amendment. Submit your written request to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. We will respond within 60 days of receiving your request. We are not required to amend your record but a copy of your request will be added to your record if you direct us to file it and a reason for the denial will be provided to you along with your options.

Right to Inspect and Receive Copies. In most cases, you have the right to look at or order a copy of your health information. We have up to 30 days to make you PHI available to you and we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. In certain situations, your request may be denied such as; where your health care professional believes that disclosure of your information could be harmful to you or a legal proceeding or certain research is still ongoing. Requests for billing records must be sent to the billing department. The request must be in writing, signed and dated. Submit the written request to Therapy Solutions 1679 6th Ave West, Dickinson, ND 58601. We may charge a processing fee for the request.

Right to Request Restricted Use. You may request in writing that Therapy Solutions not use or disclose your information for treatment, payment and/or operational activities except when specifically authorized by you, when required by law or in emergency circumstances. We are not legally required to agree to your request. A request must be written, signed, dated, identify Therapy Solutions, describe the information you want restricted. Submit the written request to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. Therapy Solutions will provide you with a written notice of our decision regarding your request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit a written, signed and dated request to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may request a copy of the privacy policy at any time. If you have already agreed to receive an electronic version, you are entitled to a paper copy at any time. You may obtain a paper copy at our facilities or by calling Therapy Solutions at 701.483.1000.

COMPLAINTS

If you are concerned that we have violated your privacy or you disagree with a decision we made about access to your records, you may file a complaint with Therapy Solutions. Submit your complaint in writing to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. You will not be penalized for filing a complaint.

PRIVACY NOTICE CHANGES

We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices and to follow the privacy practices that are described in this Notice. We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. You may request a copy of the current Notice in effect from our office. The effective and revised date of this notice is on the first page in the upper left corner.