



HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: 09/23/2013

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.

Questions? Please contact our Business Manager, *Brian Burns, The Physical Therapy Clinic, Inc. dba Axis Physical Therapy*
26 Office Park Dr. Jacksonville, NC 28546, Phone: (910) 577-3355, Fax: (910) 577-4556, Info@AxisPhysicalTherapy.com.

OUR OBLIGATIONS: We are required by law to: (1) Maintain the privacy of protected health information; (2) Give you this notice of our legal duties and privacy practices regarding health information about you; and (3) Follow the terms of our notice that is currently in effect

WE MAY USE AND DISCLOSE HEALTH INFORMATION: **For Treatment** and to provide you with treatment-related health care services; **For Payment** so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received; and **For Health Care Operations** to ensure our patients receive quality care and to operate and manage our office such as appointment reminders, disclosure to individuals involved in your care or payment for your care (family, close friend, etc.), and for research. **Special Situations** where we may use, disclose, or release Health Information include: As Required by Law; To Avert a Serious Threat to Health or Safety; Business Associates (for example, we may use another company to perform billing services or process and maintain electronic medical records on our behalf); Organ and Tissue Donation; Military and Veterans; Worker's Compensation; Public Health Risks; Health Oversight Activities; Data Breach Notification Purposes; Lawsuits and Disputes; Law Enforcement; Coroners, Medical Examiners and Funeral Directors; National Security and Intelligence Activities; Protective Services for the President and Others; Inmates or Individuals in Custody.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT: **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR THE FOLLOWING USES AND DISCLOSURES: (1) Uses and disclosures of Protected Health Information for marketing purposes; and (2) Disclosures that constitute a sale of your Protected Health Information. Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

YOUR RIGHTS: **Right to Inspect and Copy:** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request in writing. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. **Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record. **Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information. **Right to Amend:** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must make your request in writing. **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. To request a restriction, you must make your request in writing. **Out-of-Pocket-Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. **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. To request confidential communications, you must make your request in writing. **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may also obtain a copy of this notice at our web site, www.AxisPhysicalTherapy.com. **NOTE:** Requests in writing must be sent to *Brian Burns, Axis Physical Therapy 26 Office Park Dr. Jacksonville, NC 28546*.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Business Manager, *Brian Burns, Axis Physical Therapy 26 Office Park Dr. Jacksonville, NC 28546*. All complaints must be made in writing. You will not be penalized for filing a complaint.