

**Towne Physical Therapy Centre**  
**HIPAA COMPLIANCE**  
**Privacy and Confidentiality**

How We Will Use or Disclose Your Health Information:

1. **Treatment:** We will use your health information for treatment. Information will be recorded by health care professional, to determine the course of treatment. Members of the health care team will record actions and observations. Physicians will know how you are responding to treatment. We will provide your physician or subsequent health providers with copies of reports to assist with your treatment after discharge.
2. **Payment:** We will use your health information for payment. A bill may be sent to you or a third party payer such as Medicare. The information on or accompanying the bill may include information that identifies you as well as the health care provided.
3. **Health Care Operations:** We will use your health information for regular health operations. Quality Improvement Teams may use information in your health record to assess the care and outcome in your case and others like it. This will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.
4. **Business Associates:** There are some services provided in our facility through contracts with Business Associates. Business Associates may be accountants, consultants, billing services, transcription services, and attorneys. When these services are contracted, we may disclose your health information to our Business Associates so that they can perform their job. We require the Business Associate to appropriately safeguard your health information.
5. **Communication with Family:** The health care professionals may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
6. **Food and Drug Administration:** The health care facility may disclose to the FDA health information to adverse events with respect to product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
7. **Workers Compensation:** The health care facility may disclose health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
8. **Public Health:** As required by law, the health care facility may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
9. **Law Enforcement:** The health care facility may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
10. **Report:** When a work force member or business associate believes in good faith that the health care facility has engaged in unlawful conduct or otherwise violated professional or clinical standards and may potentially be endangering one or more patients, workers or the public health authority or attorney.

**Your Health Information Rights**

Although your health record is the physical property of the health care facility, the information in your records belongs to you. You have the following rights:

- You may request that the health care facility NOT use or disclose your health information for a particular related treatment, payment, the facility's general health care operations, and/or to a particular family member, other relative or close friend. Although we will consider your request, please be aware we are no obligation to accept it or to abide by it. For more information about this right, see code 45 of Federal Regulations(C.F.R.)164.522(a).
  - If you are dissatisfied with the manner which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the health care facility's Privacy Officer. We will attempt to accommodate all reasonable requests. For more information about this right, see 24 C.F.R. 164.522 (b).
  - You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the periods established by law. If you request copies, the health care facility will charge you a reasonable fee. For more information, see 45 C.F.R. 164.528.
  - If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment. For more information, see 45 C.F.R 164.526.
  - You may request that we provide you with a written accounting of all disclosures made by us during the time for which you request. Such requests must be made in writing. Accounting will not apply to the following: disclosures made for reasons of treatments, payment or health care operations, disclosures made to you or your legal representative or any other individual involved in your care: disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first account request, any requests thereafter will be charged at a reasonable fee. For more information, see 164.528.
  - You have a right to obtain a paper copy of your Notice of Information Practices upon request.
  - You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.
- If you have any questions and would like additional information, you may contact the health care facility's Privacy Officer.
  - If you believe that your privacy rights have been violated, you may file a complaint with the health care facility. These complaints must be filed in writing on a form provided by the health care facility. The form can be obtained from the Privacy Officer and returned to the Privacy Officer. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: April 14, 2003

HIPPA Compliance Officer: Mary Ann Towne, D.P.T.  
954-776-9997 Towne Physical Therapy Centre

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Signature

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Date