

HIPAA Notice

Windmill Physio
windmillphysio.com

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Your Rights

- 1) Get an electronic or paper copy of your medical record
 - a) You can ask to see or receive a copy of health information we have about you.
 - b) We can provide you a copy or summary of your health information, usually within 30 days of your request.
- 2) Ask us to correct your medical record
 - a) You can ask us to correct health information about you that you think is incorrect or incomplete.
 - b) We may say no to your request, but we'll tell you why in writing within 60 days.
- 3) Request confidential communications
 - a) You can ask us to contact you in a specific way (e.g. home or office phone) or to send mail to a different address.
 - b) We will say yes to all reasonable requests.
- 4) Ask us to limit what we use or share
 - a) You can ask us **not** to use or share certain health information for treatment, payment, or our operations; however we are not required to agree to your request, and we may say no if it would affect your care.
 - b) If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer; we will say yes unless a law requires us to share that information.
- 5) Get a list of those with whom we've shared information
- 6) Get a copy of this privacy notice
 - a) You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- 7) Choose someone to act for you
 - a) If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - b) We will make sure the person has this authority and can act for you before we take any action.
- 8) File a complaint if you feel your rights are violated
 - a) You can complain if you feel we have violated your rights by contacting us directly.
 - b) Alternatively, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C., 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
 - c) We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- 1) In these cases, you have the right and the choice to tell us to:
 - a) Share information with your family, close friends, or others involved in your care
 - b) Share information in a disaster relief situation
 - c) Include your information in a hospital directory
 - d) Contact you for fundraising efforts
- 2) In these cases we never share your information unless you give us written permission:
 - a) Marketing purposes

Please see opposite side

- b) Sale of your information
- c) Most sharing of psychotherapy notes

Our Uses and Disclosures

Typically, we use or share your health information in the following ways:

- 1) Treatment
 - a) We can use your health information and share it with other professionals who are treating you.
e.g. A doctor treating you for an injury asks your therapist about your overall health condition
- 2) Running our organization
 - a) We can use and share your health information to run our practice, improve your care, and contact you when necessary.
e.g. We use health information about you to manage your treatment and services
- 3) Billing for your services
 - a) We can use and share your health information to bill and get payment from health plans or other entities.
e.g. We give information about you with our medical billing contractor so your health insurance plan will pay for your services.

Additionally, we are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- 4) Help with public and safety issues
 - a) We can share health information about you for certain situations such as:
 - i) Preventing disease
 - ii) Reporting adverse reactions to medications
 - iii) Reporting suspected abuse, neglect, or domestic violence
 - iv) Preventing or reducing a serious threat to anyone's health or safety
- 5) Do research: We can use or share your information for health research.
- 6) Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- 7) Address workers' compensation, law enforcement, and other government requests
 - a) For workers' compensation claims
 - b) For law enforcement purposes or with a law enforcement official
 - c) With health oversight agencies for activities authorized by law
 - d) For special government functions such as military, national security, and presidential protective services
- 8) Response to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- 1) We are required by law to maintain the privacy and security of your protected health information.
- 2) We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 3) We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 4) We will not use or share your information other than as described here unless you tell us we can in writing; if you tell us we can, you may change your mind at any time; let us know in writing if you change your mind.