



HEALTH INFORMATION PRIVACY NOTICE

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information



PLEASE REVIEW THIS DOCUMENT CAREFULLY

HOW YOUR INFORMATION IS USED OR DISCLOSED

1. Treatment- We use and disclose your PHI in the course of your treatment. For instance, once we have completed your evaluation or re-evaluation we send a copy or summary of our report to your referring physician. We also maintain records detailing the care and services you receive at our facility so that we can be accurate and consistent in carrying out that care in an optimal manner; that record also assists us in meeting certain legal requirements. These records may be used and/or disclosed by members of our workforce to assure that proper and optimal care is rendered.

2. Payment- After we treat you we will, typically, bill a third party for services you received. We will collect the treatment information and enter the data into our computer and then process a claim either on paper or electronically. The claim form will detail your health problem, what treatments you received and it will include other information such as your social security number, your insurance policy number and other identifying pieces of information. The third party payer may also ask to see the records of your care to make certain that the services were medically necessary. When we use and disclose your information in this way it helps us to get paid for your care and treatment. If you choose to pay for your services, in full, without involving a third party (insurer, employer, etc.) you may request that we do not disclose any information regarding your services for payment purposes.

3. Health Care Operations- We also use and disclose your PHI in our health care operations. For example our therapists meet periodically to study clinical records to monitor the quality of care at our facility. Your records and PHI could be used in these quality assessments. Sometimes we participate in student internship programs and we use the PHI of actual patients to test them on their skills and knowledge. Other operational uses may involve business planning and compliance monitoring or even the investigation and resolution of a complaint.

Special Uses- We may use or disclose your PHI to:

- Update your workers compensation case worker or employer
- Remind you of appointments
- Carry out follow ups on home programs that you have been taught
- Release equipment and/or supplies to your designee
- Carry out follow ups on your home programs or discharge planning
- Notify you of new services offered

Note: If we receive direct or indirect financial remuneration from a third party for marketing a product or item or for any fundraising we are engaged in, we will offer you the opportunity to 'opt out' from receiving any of these materials.

USES REQUIRED/PERMITTED BY LAW

Many laws and regulation apply to us that affect your PHI, they may either require or permit us to use or disclose your PHI. Here is a list from the federal health information privacy regulations describing required or permitted uses and disclosures:

Permitted- If you do not verbally object, we may share some of your PHI with a family member or a friend if he/she is involved in your care, we may use your PHI in an emergency if you are not able to express yourself, If we receive certain assurance that protect your privacy, we may use or disclose your PHI for research; Alliance Physical Therapy will always obtain an authorization from you even though it is 'permitted' without one

Required:

- When required by law; when ordered by a court to turn over your PHI
- For public health activities such as reporting a communicable disease or reporting an adverse reaction to the FDA
- To report neglect, abuse or domestic violence
- To the government regulators or its agents to determine whether we comply with applicable rules and regulations
- In judicial or administrative proceedings such as in response to a valid subpoena
- When properly requested by law enforcement officials or other legal requirements such as reporting gunshot wounds
- To avert a health hazard or a threat to public safety such as an imminent crime against another person
- Deemed necessary by appropriate military command authorities if you are in the Armed Forces
- In connection with certain types of organ donor programs
- Stricter Requirements than we follow

Some state regulations are more stringent than federal privacy regulations, so we comply with those laws.

In the situations noted above, we have the right to use and disclose your PHI. In some situations, however, we must ask for, and you must agree to give a written authorization that has specific instructions and limits on our use or disclosure of your PHI. If you change your mind, at a later date, you may revoke your authorization.

YOUR RIGHTS AND HOW TO EXERCISE THEM

You have specific rights under our federally required privacy program. Each of them is summarized below:

Your Right to Request Limited Use or Disclosure- You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request. If we do agree to your request we must abide by the agreement; we have the right to ask for that request to be in writing and we will exercise that right

Your Right to Confidential Communication- You have the right to receive confidential communications from us at a location or phone number that you specify. We have the right to ask for that request to be in writing noting the other address or phone number and confirmation that it should not interfere with your method of payment; we will exercise the right to have your request in writing

Your Right to Inspect and Copy Your PHI- You have the right to inspect and copy your PHI. If we maintain our records in paper, that will be the format utilized; however if we maintain our records electronically you have the right to review and/or have copies made in an electronic format. Should we decline we must provide you with a resource person to assist you in the review of our refusal decision. We must respond to your request within thirty (30) days, we may charge reasonable fees for copying and labor time related to copying and we may require an appointment for record inspection; we have the right to ask for your request in writing and will exercise that right.

Your Right to Revoke Your Authorization- If you have granted us an authorization to use or disclose your PHI you may revoke at any time it in writing. Please understand that we relied on the authority of your authorization prior to the revocation and used or disclosed your PHI within its scope

Your Right to Amend Your PHI- You have a right to request an amendment of your record. We have the right to ask for the request in writing and we will exercise that right. We may deny that request if the record is accurate and/or if the record was not created by this facility. If we accept the amendment we must notify you and make effort to notify others who have the original record

Your Right to Know Who Else Sees Your PHI- You have the right to request an accounting of certain disclosure that we have made over the past six years. We do not have to account for all disclosures, including those made directly to you, those involving treatment, payment, health care operations, those to the family/friend involved with your care and those involving national security. You have the right to request the accounting annually. We have the right to ask for the request in writing and to charge for any accounting requests that occur more than once per year; we must advise you of any charge and you have the right to withdraw your request or to pay to proceed.

Your Right to be informed of a Breach of Your Protected Health Information- We are required to notify the patient by first class mail or by e-mail (if indicated a preference to receive information by email), of any breaches of unsecured Protected Health Information as soon as possible, but in any event, no later than sixty (60) days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a) A description of the breach, including the date of the breach and the date of its discovery, if known
- b) A description of the type of unsecured protected health information involved in the breach
- c) Instructions regarding the measures the patient should take to protect him/her from potential harm resulting from the breach
- d) Correction action Alliance Physical Therapy* has/will take to investigate the breach, mitigate losses, and protect the patient from further breaches
- e) Alliance Physical Therapy* contact information, including a toll-free telephone number, e-mail address, Web site or postal address to allow for additional questions

Your Right to Complain- You have the right to complain if you feel your privacy rights have been violated. You may complain directly to us by contacting our HIPAA officer noted in Section 10, or to 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/. We will not retaliate against you if you file a complaint about us. Your complaint should provide a reasonable amount of specific detail to enable us to investigate your concern.

Your Right to Receive a Copy of the Privacy Notice- Alliance Physical Therapy is obligated to provide the patient with a copy of its Notice of Privacy Practices and to post the Notice in a conspicuous place for patients to access as well as on our website. We have the right to change the Notice to comply with policy, rules or regulatory changes; we are obligated to give new notices to current and subsequent patients as changes are made. We are required to maintain each version of a Privacy Notice for a minimum of six (6) years.

OUR PRIVACY OBLIGATIONS AND HOW WE PERFORM THEM

We are required by law to maintain the privacy and security of your protected health information

We will let you know promptly if a breach that may have compromised the privacy or security of your information

We must follow the duties and privacy practices described in this notice and give you a copy of it

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 in writing.

If we change our Notice of Privacy Practices we will provide our revised Notice to you when you next seek treatment from us.

If you have questions about this Notice, or if you have a complaint, please contact our HIPAA Officer. Address: 15425 N. Greenway Hayden Loop Ste A250 Scottsdale, AZ, 85260
Phone: 480-664-9988 or admin@azalliancept.com. Effective Date: This revised notice takes effect on 01/01/2022.