

**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.**

#### **Who Will Follow This Notice**

This notice describes Highline Therapy Services (HTS) and that of:

- Any health care professional authorized to enter information into your chart
- Any volunteer or student we allow to help you while you are at our practice
- All employees, staff and other practice personnel

#### **Our Pledge Regarding Medical Information**

We are committed to protecting medical information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practitioners.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

#### **How We May Use and Disclose Medical Information about You**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

- **For treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other therapists, technicians, or therapy students who are involved in taking care of you in our practice. Different members of the practice may share medical information about you in order to coordinate the different things you need, such as modality set-up and exercises.
- **For payment:** We may use and disclose medical information about you so that the treatment and services you receive at our practice may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your care received so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Individuals involved in your care or payment for your care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
- **As required by law:** We will disclose medical information about you when required to do so by federal, state or local law.
- **To avert a serious threat to health or safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### **Special Situations**

- **Military and veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' compensation:** We may release medical information about you for workers' compensation or similar programs.
- **Public health risks:** We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability
  - To report child abuse or neglect
  - To report reactions to medications or problems with products.
  - To notify people of recalls of products they may be using.
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health oversight activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Lawsuits and disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law enforcement:** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons, or similar process.
  - To identify or locate a suspect, fugitive, material witness, or missing person.
  - About criminal conduct at the practice.
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

#### **Your Rights Regarding Medical Information about You**

You have the following rights regarding medical information we maintain about you:

- **Right to inspect and copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy these records, you must submit your request and consent to release this information in writing to HTS.

The Consent to Release form must be filled out completely and all authorizations must be up-to-date. HTS reserves the right to deny your request to inspect and copy in certain very limited circumstances. You have the right to request that the denial be reviewed.

- **Right to amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the practice.

To request an amendment, your request must be made in writing and submitted to HTS. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the medical information kept by this practice.
  - Is not part of the information, which you would be permitted to inspect and copy.
  - Is accurate and complete.
- **Right to an accounting of disclosures:** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to HTS. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs of providing the list.

- **Right to request restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about treatment you had.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to HTS. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **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. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to HTS. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to an additional copy of this notice:** You have the right to request an additional copy of this notice at any time. To obtain a paper copy of this notice contact HTS.

### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page in the top right-hand corner.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact Claudine Gibbs, Privacy Officer- 253-874-3140. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.