

**COMSTOCK PHYSICAL THERAPY NOTICE OF PRIVACY POLICIES**  
**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND YOUR PERSONAL HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Each time you visit a physical therapist, hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatments. This information is often referred to as your health or medical record and serves as a:

- Basis of planning your care and treatment
- Means of communication among the health professionals participating in your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can certify that the services billed were actually provided.
- A source of information for public health officials charged with improving the health of the nation.
- A tool which we can assess and continually work on to improve the care we deliver and the outcomes we receive.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; make more informed decisions when authorizing disclosure to others; and better understand who, what, when, where, and why others may access your health information.

**Understanding Your Health Information Rights**

Although your health record is the physical property of the healthcare provider, the information belongs to you. You have the right to:

- Request restriction on certain uses and disclosures of your information. (45 CFR 164.522)
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and obtain a copy of your health record. (45 CFR 165.524)
- Request to amend your health record. (45 CFR 1654.528)
- Obtain an account of disclosures of your health information. (45 CFR 164.528)
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our Responsibilities**

We are required to:

- Maintain privacy of your health information.
- Provide you with a notice as to our legal duties & privacy practices with respect to your information.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on disclosure or amendment to your record.
- Accommodate reasonable requests you may have to communicate health information by alternative means or locations.

We reserve the right to change our practices and to make the changes effective for all protected health information we maintain. If our information practices change, we will notify you the next time you come to our office for treatment.

If you have questions and would like additional information, you may contact our Privacy Officer, Linnea Comstock at (360) 455-8014 by phone or by mail at 165 Lilly Rd, Suite B, Olympia, WA, 98506. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. We will not retaliate if you file a complaint.

### **Examples of Disclosures for Treatment, Payment, and Health Operations**

*We will use and disclose your health information for treatment.* For example, information obtained by us will be recorded and used to determine the course of treatment that should work best for you. Members of your healthcare team will then record the actions they took and their observations. In that way, your physicians and other providers will know how you are responding to treatment. Copies of these records, as well as other reports will be provided to other providers participating in your care to assist them in treating you if they have referred you to us (for example, your referring physician) or you are referred to them for consultation.

*We will use and disclose your health information for payment.* For example, a bill may be sent to you or a third-party payer (insurance company). The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures, and supplies used. Additionally, we may be required to forward additional information to substantiate the medical necessity of the care delivered and that the care for which the claim was submitted was actually delivered. Further, we may disclose health information to the extent authorized and to the extent necessary to comply with workers compensation or other similar programs established by law.

*We will use your health information for regular health operations.* For example, members of our quality improvement team may use the information in your health record to assess the care and outcomes in your case and others like it. The information will then be used to continually improve the quality & effectiveness of the healthcare and service we provide.

*Business Associates:* There are some services provided in our organization through contracts with business associates. Examples include services by laboratories, copy services, and transcription services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. However, to protect your health information we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

*Family Communication:* After careful judgment, we may disclose to a family member or other person you designate, health information relevant to that person's involvement in your care or payment of your care.

*Funeral directors & organ procurement organizations:* We may disclose health information to funeral directors consistent with applicable law. We may disclose health information to organ procurement organizations or other

entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Public Health.* As required by law, we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law Enforcement and Correctional Institution:* We may disclose health information for law enforcement purposes as required by law. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

***Comstock Physical Therapy Site:***

***Waiting Room:*** While Comstock Physical Therapy's reception desk has a door and window, your PHI may be disclosed incidentally to other patients, family members, or friends as they may overhear you and your therapist or staff member discussing your PHI while in the course of scheduling you on the phone. In addition, other patients, friends, or family members may see your chart on the desk. Every attempt will be made to avoid discussing PHI (other than your name and scheduled dates of treatment) over the phone and in person, and to avoid visual exposure of your PHI to other individuals (by turning charts over) but this cannot be completely assured due to the structure of the area.

***Treatment Area:*** Comstock Physical Therapy's treatment area has a curtained area and gym where evaluation and treatment of patients occurs. If you are using one of these areas, your PHI may be disclosed incidentally to other patients, family members, or friends as they may overhear you and your therapist or staff member discussing your PHI. Every attempt will be made to avoid anyone overhearing your PHI, such as by using a radio to provide distracting sounds, and use of quiet voices during treatment sessions, but this also cannot be completely avoided due to the structure of the area.

***If you wish to discuss something privately with your physical therapist, billings specialist, or the office staff, please make sure your request is known and you will be accommodated in either the Therapist Office or an available treatment room.***

**Federal Law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, provided that we or our business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.**

**EFFECTIVE DATE: 4/14/03**

**UPDATED: 2/12/09**