

BRATTON PHYSICAL THERAPY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, AS A PATIENT, MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Bratton Physical Therapy considers protection of patient privacy to be of great importance. We realize that privacy is important to you and we are dedicated to ensuring the security of your medical information. We are required by law to maintain the confidentiality of your protected health information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to your PHI. If you have questions about any part of this notice or if you want more information about our privacy practices, please contact our Privacy Officer at 1346 Lindberg Drive, Suite 3, Slidell, Louisiana, 70458, telephone 985-641-5825.

Effective date of this notice: December 1, 2006

A. **HOW BRATTON PHYSICAL THERAPY MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:**

Our clinic collects health information from you, your physicians and/or referral sources and stores it in a chart and in some instances on a computer. This information includes your name, address, social security number, diagnosis and other health information and financial or payer information. This is your medical record. The medical record is the property of Bratton Physical Therapy but the information in the medical record belongs to you. We are dedicated to ensuring the confidentiality of your PHI. The law permits this clinic to use or disclose your health information for the following purposes: (Examples given are not intended to be the sole purpose of disclosure, but rather an aid in helping you to understand the category of disclosure.)

1. Treatment: Our clinic may use and disclose your PHI in order to treat you or to aid in your treatment. For example, we may forward a copy of your progress report to the referring physician in order to aid him/her in determining further physical therapy or the need for durable medical equipment. Additionally, we may disclose PHI to others who must assist in your care at home.
2. Payment: Our clinic may use and disclose your PHI in order to process claims and collect payment for services and durable medical equipment (DME) rendered to you. For example, we may disclose PHI to verify health insurance benefits and eligibility, to obtain authorization to treat from the payer source, and to bill you or the payer source directly.
3. Regular Health Care Operations: Our clinic may use and disclose your PHI in the course of day-to-day operations. Examples include conducting quality control or medical review, performance evaluation, credentialing and licensing activities, business planning, customer service, and general administrative activities.
4. Information Provided to You: Our clinic may use and disclose your PHI to provide you or your personal representative with requested information.
5. Notification and Communication with Family: Our clinic may use and disclose your PHI to a friend or family member who is involved in your care or who assists in taking care of you unless you object. We will disclose only the health information that is related to the person's involvement. If you are able and available to agree or object, we will give you the opportunity to object prior to making this disclosure. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by Law: As required by law, we may use and disclose your PHI.
7. Public Health: As required by law, we may disclose your PHI to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, and reporting disease or infection exposure.
8. Health Oversight Activities: We may disclose your PHI to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and Administrative Proceedings: We may disclose your PHI in the course of any administrative or judicial proceeding. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

10. Law Enforcement: We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

11. Deceased Person Information: We may disclose your PHI to coroners, medical examiners and funeral directors.

12. Research: We may disclose your PHI to researchers conducting research which has been approved by an Institutional Review Board or Bratton Physical Therapy's privacy board. We will obtain your written authorization only when the disclosure involves a more than minimal risk to your privacy.

13. Public Safety: We may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

14. Specialized Government Functions: We may disclose your PHI for military, national security, prisoner and government benefits if required by law.

15. Workers Compensation: We may disclose your PHI as necessary to comply with workers compensation laws and requirements.

16. Marketing: We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

17. Change of Ownership: In the event that this clinic is sold or merged with another organization, your PHI will become the property of the new owner, subject to state law.

You may give us written authorization to use or disclose your PHI to anyone for any purpose at any time. If you give such authorization, you may revoke it in writing at any time. However, we will not be able to undo any action that was taken before that authorization was revoked. Unless you give us a written authorization, we will not use or disclose your PHI for any purpose other than those described in this notice.

B. YOUR PHI RIGHTS

The following are your rights with respect to your public health information (PHI). These rights are not absolute and may be subject to some limitations and conditions. If you would like to exercise any of the following rights, please submit your request in writing to our Privacy Officer at 1346 Lindberg Drive, Suite 3, Slidell, LA, 70458.

1. Restriction: You have the right to request restrictions on certain uses and disclosures of your PHI. We are not required to agree to the restriction that you requested. If we do agree, we will honor the agreement, except in a medical emergency or as required by law.
2. Confidential Communications: You have the right to receive your PHI through a reasonable alternative means or at an alternative location. You must make your request in writing, specifying the requested method of contact. We will accommodate reasonable requests. If you have given someone else permission to receive your PHI, a request for confidential communications will cancel this permission unless specified.
3. Inspection and Copies: You have the right to inspect and receive a copy of your PHI, including medical and billing records but not psychotherapy notes. We may charge a cost-based fee for a copy of your PHI, plus mailing and preparation. We may deny your request to inspect and copy your PHI. If we deny your request, we will notify you in writing and you may request a review of our denial.

4. Amendment: You have a right to request that we amend your PHI that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial in that event and how you can request a review of the denial. For example, we may deny your request if the information was created by your doctor.
5. Accounting of Disclosures: You have the right to request an accounting of "non-routine" disclosures of your PHI. This clinic does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care and operations), 4 (information provided to you), and 14 (specialized government functions) of Section A of this Notice of Privacy Practices.
6. Paper Copy: You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer at 1346 Lindberg Drive, Suite 3, Slidell, LA 70458.

C. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Bratton Physical Therapy reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, we are required by law to comply with this Notice.

D. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Louisiana Department of Health and Human Services. To file a complaint with our clinic, contact our Privacy Officer at 1346 Lindberg Drive, Suite 3, Slidell, Louisiana, 70458. All complaints must be submitted in writing. You will not be penalized for filing a complaint.