

**HEUISER PHYSICAL THERAPY  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND YOUR RIGHT TO ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Heuser Physical Therapy understands that information about you and your medical treatment is personal, and we are committed to protecting your medical information. We are required by law to:

- Maintain the privacy of your medical information;
- Give you a notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice currently in effect.

***What will you do with my medical information?***

We may use and disclose the following categories of medical information. Not every use or disclosure in a category is listed.

**Treatment.** We will use your medical information to provide you with medical treatment and services. We may *disclose* your medical information for the treatment activities of any other health care providers.

**Payment.** We may use medical information about you for our payment activities. Common payment activities include, but are not limited to: determining eligibility or coverage under a plan and billing and collection activities.

**Operations.** We may use your medical information for operational or administrative purposes. These uses are necessary to run our physical therapy practice and to make sure patients receive quality care. We may also disclose medical information about you to another health care provider or covered entity for its operational activities under certain circumstances.

**Business Associates.** We may disclose your medical information to other entities that provide a service to us or on our behalf that requires the release of patient medical information.

**Appointment Reminders and benefit updates.** We may use and disclose medical information to remind you that you have an appointment and to update you on your benefits relating to your treatment.

**Required by Law.** We may disclose your medical information when required to do so by federal, state or local law.

**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. In limited circumstances, we may disclose medical information about you in response to a subpoena or discovery request.

**Law Enforcement.** We may release medical information if asked to do so by law enforcement official: in response to a court order, warrant, summons or other similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the hospital; and 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.

**Military/Veterans.** We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

**Family and Friends Involved in Care.** We may share your medical information with a spouse, family members, friends or other persons whom you identify as being involved in your care or payment for health care. We may also discuss this information with these other persons if you are present and agree or you do not object when given to opportunity to do so. If you are not present or it is impracticable to gain your consent for certain disclosures, because of emergency or other circumstances, we may discuss your care or payment with a family member or other person involved in your care, when, in exercising our professional judgment, we determine that doing so would be in your best interest. We may also use our professional judgment and experience with common practice to make reasonable inferences about your best interests in allowing another person to act on your behalf in picking up medical supplies or other similar forms of protected health information.

***What if you want to use and/or disclose my medical information for a purpose not described in this Notice?***

We must obtain a separate, specific authorization from you to use and/or disclose your medical information for any purpose not covered by this notice or the laws that apply to us. If you provide us with authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will not use or

disclose your medical information for the reasons covered by your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

***What if my information is improperly disclosed?***

We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail) of any breaches of confidentiality within 60 days of discovery of the breach. Such notice shall include a brief description of the breach, the information involved, steps you should take to protect yourself from harm, the action we are taking to investigate the breach, and contact information at Heuiser Physical Therapy to obtain additional information.

***What are my rights regarding my medical information?***

You have the rights described below in regard to the medical information that we maintain about you. You are required to submit a written request to exercise any of these rights. You may contact our Health Information Management department or Privacy Official to obtain a form that you can use to exercise any of the rights listed below.

**Right to Inspect and Copy.** You have the right to inspect and copy medical information used to make decisions about your care. We may charge you a fee for the actual cost of copying the information you requested. We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us, who did not review your original request, will review your request and the denial. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information that we created is incorrect or incomplete, you may submit a request for an amendment for as long as we maintain the information. *You must provide a reason that supports your amendment 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 to amend information that we did not create; is not part of the medical information that we maintain; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request one free "accounting of disclosures" every 12 months. This is a list of *certain* disclosures we made of your medical information. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures that are authorized. *Your request must state a time period, which may not be longer than 6 years.* If you request more than one accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you unless our use and/or disclosure is required by law. We are not required to agree to your request unless you are requesting a restriction on the disclosure of information to your health plan and you are willing to pay out of pocket for the medical treatment provided. If we agree, we will comply with your request. 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. In your request, you must indicate: The type of restriction you want, the information you want restricted and to whom you want the limits to apply, for example, 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. We will accommodate all reasonable requests. Please specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice.

***Amending this notice?***

We reserve the right to amend this notice. Copies of the current notice will be posted at Heuiser Physical Therapy and will be available for you to pick up on each visit to Heuiser Physical Therapy.

***What if I have questions or need to report a problem?***

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the Department of Health and Human Services (OCR/HHS). To file a complaint with us, contact our Privacy Officer, Barbara Johnson, at 406-442-0654. Our mailing address is: 3180 Dredge Dr., Suite F, Helena, MT 59602, Attn: Privacy Officer. To file a complaint with the OCR/HHS, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. The complaint must be submitted in writing. Information on how to file a complaint can be located on the OCR/HHS website at: <http://www.hhs.gov/ocr/privacy/index.html>. ***You will not be penalized for filing a complaint.***