

Midwest Physical Therapy

HIPAA Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician’s practice, and any other use required by law.

Treatment: We will use and disclose PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: PHI will be used, as needed, to obtain payment for your health care services. Relevant protected health information may be disclosed to any insurer under which you may have coverage, including health, auto, and work injury claims. Personal information may also be shared in the event of collections proceedings.

Healthcare Operations: We may use or disclose PHI in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment, training of staff, licensing, accounting, and marketing. Any 3rd-party Business Associate will be required to protect your PHI as a HIPAA covered entity. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name to verify appointment attendance. We may also call you by name in the waiting room when your therapist is ready to see you.

We may use or disclose PHI in the following situations without your authorization: public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers’ compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION.

*You have the right to inspect and copy your protected health information as compiled in the medical record of this clinic.

*You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You have the right to seek another Healthcare Professional.

We are required by law to maintain the privacy of our patients and provide access to this notice of our clinic policy with respect to protected health information. We have the right to amend this publication without notice to individuals. A paper copy of this notice is available, upon request, at our reception desk.

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