

PRIVACY PRACTICES

Country Roads Physical Therapy & Rehabilitation, LLC
NOTICE OF PRIVACY PRACTICES
Effective Date: June 1, 2006

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

We are required by law to maintain the privacy of certain confidential health information, known as Protected Health Information (PHI), and to give you a notice of our legal duties and privacy practices with respect to your protected health information. This Notice describes legal rights, advises of our privacy practices and outlines how Country Roads Physical Therapy is permitted to use and disclose PHI about our patients. Our duties and your rights are set forth more fully in 45 CFR part 164. We are required to abide by the terms of the Notice that is currently in effect. In most situations we may use this information as described in this Notice without permission, but there are some situations where we may use it only after we obtain our patients written authorization, if we are required by law to do so.

USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITHOUT WRITTEN AUTHORIZATION.

We may use or disclose protected health information for the following purposes of payment and health care operations, in most cases without your written authorization. Examples of our use of PHI:

Treatment. We may use or disclose protected health information to provide treatment to you. This includes the provision, coordination, or management of health care and related services by one or more health care providers.

Payment. This includes any activities we must undertake in order to get reimbursed for the services provided to our patients, including such things as submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts. Patients have the right to restrict disclosure to a health plan if the patient has paid in full for services and items provided in that visit.

Country Roads Physical Therapy will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our patients' information.

Notification in the Case of a Breach. We are required by law to notify our patients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

Marketing Communications: Country Roads Physical Therapy may use or disclose protected health information for limited marketing activities, including face-to-face communications with you about our services. Country Roads Physical Therapy may use or disclose your health information to identify health-related services and products that may be beneficial to your health and we may contact you about these services and products. All marketing requires an authorization, except face-to-face, prescription refill and general health reminders, and governmental notices. If there is reimbursement above costs, authorization is required.

Fundraising Communications: Country Roads Physical Therapy may contact you to request a tax deductible contribution to support important activities. In connection with any fundraising, we may disclose your Demographic information, dates of healthcare services, department providing services, physician, health plan status, and outcome can be used for fundraising without authorization.

Healthcare Operations. We may use or disclose protected health information for certain health care operations that are necessary to run our practice and ensure that our patients receive quality care. For example, we may use information from your medical records to review the performance or qualifications of physicians and staff, train staff, or make business decisions affecting our practice.

Use and Disclosure of PHI Without Your Authorization: Country Roads Physical Therapy is permitted to use PHI without written authorization, or opportunity to object in certain situations, including:

1. For our use in obtaining payment for services provided or in other health care operations;
2. To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
3. To another health care provider (such as the hospital) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with our patients and the PHI pertains to that relationship;
4. For health care fraud and abuse detection or for activities related to compliance with the law;
5. To a family member, other relative or close personal friend or other individual involved in our patients' care if we obtain verbal agreement to do so or if we give our patients an opportunity to object to such a disclosure and you do not raise an objection.

We may also disclose health information to family, relatives or friends if we infer from the circumstances that there is no objection. For example, we may assume our patients agree to our disclosure of personal health information to their spouse when their spouse has called us for them. In situations where our patients are not capable of objecting (because the patients are not present or due to incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to our patient's family member, relative or friend is in the best interest. In that situation, we will disclose only health information relevant to that person's involvement in our patient care;

6. To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease) as required by law;

7. For health oversight activities including audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;

8. For judicial and administrative proceedings as required by a court or administrative order; or in some cases in response to a subpoena or other legal process;

9. For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime;

10. For military, national defense and security and other special government functions;

11. To avert a serious threat to the health and safety of a person or the public at large;

12. For workers' compensation purposes and in compliance with workers' compensation laws;

13. To coroners, medical examiners and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law; and

14. If our patient is an organ donor; we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ donation and transplantation.

Any other use or disclosure of PHI, other than those listed above, will only be made with written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). Authorization may be revoked at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Threat to Health or Safety. We may use or disclose protected health information to avert a serious threat to your health or safety or to the health and safety of others.

Research. We may use or disclose protected health information for research if approved by an institutional review board or privacy board and appropriate steps have been taken to protect the information.

Appointments and Services. We may use or disclose protected health information to contact you to provide appointment reminders or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Business Associates. We may disclose protected health information to our third party business associates who perform activities involving protected health information for us, e.g., billing or transcription services. Our contracts with the business associates require them to protect your health care information. Business associates are now directly regulated by HIPAA.

Inmates or Persons in Police Custody. If you are an inmate or in the custody of law enforcement, we may disclose protected health information if necessary for your health care; for the health and safety of others; or for the safety or security of the correctional institution.

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT. We may use and disclose protected health information in the following instances without your authorization unless you object. If you object, please notify the privacy contact identified below.

Persons Involved in Your Health Care. Unless you object we may disclose protected health information to a member of your family, relative, close friend, coach, athletic trainer, or other person identified by you who is involved in your health care or the payment of your health care. We will limit disclosure to information relevant to that person's involvement in your health care or payment. Patient may request nondisclosure to insurance company if patient is paying out of pocket.

Notification. Unless you object, we may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members.

Patient Rights: Our patients have a number of rights with respect to the protection of their PHI. Country Roads will permit patients to exercise their rights.

Right to Request Additional Restrictions. You may request additional restrictions on the use or disclosure of your protected health information for treatment, payment, or health care operations or to restrict the information that is provided to family, friends and other individuals involved in their health care. If the information is needed to provide emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide them with emergency treatment. Our patients have a right to a restriction to disclosure of PHI to a health plan for payment if the patient has paid in full for the services and items provided in that visit. We are not required to agree to a requested restriction. If we agree to a restriction, we will comply with the restriction unless an emergency or the law prevents us from complying with the restriction, or until the restriction is terminated.

Right to Receive Communications by Alternative Means. We normally contact you by telephone or mail at your home address or possibly your work address. You may request that we contact you by some other method or at some other location. We will not ask you to explain the reason for your request. We will accommodate reasonable requests. We may require that you explain how payment will be handled if an alternative means of communication is used.

Right to Inspect and Copy Records. The right to access, copy or inspect PHI. Our patients may come to our offices and inspect and copy most of the medical information that we maintain in both paper and electronic format. We will generally permit access, copying or inspection of PHI. Information held electronically must be provided in electronic form if requested by the patient. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if you seek psychotherapy notes; information prepared for legal proceedings; or if disclosure may result in substantial harm to you or others.

The right to amend PHI. Our patients have the right to ask us to amend their written medical information. You must explain the reason for your request in writing. We may deny your request if we did not create the record unless the originator is no longer available; if you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

Right to an Accounting of Certain Disclosures. The right to request an accounting of our use and disclosure of an individual's PHI. Our patients may request an accounting from us of certain disclosures of their medical information that we have made in the last six years prior to the date of the request. Country Roads Physical Therapy is not required to give an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations. Country Roads Physical Therapy also is not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of the medical information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this Notice.

Right to a Copy of This Notice. You have the right to obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive this Notice electronically.

CHANGES TO THIS NOTICE. We reserve the right to change the terms of our Notice of Privacy Practices at any time, and the changes will be effective immediately and will apply to PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our website, if we maintain one. Our patients will be given a copy of the latest version of this Notice at their next visit or by contacting the Privacy Officer identified below.

COMPLAINTS. Our patients have the right to complain to us or to the Secretary of the Department of Health and Human Services if they believe their privacy or security rights have been violated. Complainants will not be retaliated against in any way for filing a complaint with us or to the government. Should our patients have any questions, comments or complaints they may direct all inquiries to the Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact the Office of Civil Rights. To complain to the Secretary of Health and Human Services please use the following information and address:

Region III - Philadelphia
(Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)
Barbara Holland, Regional Manager, Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (800) 368-1019, Fax (215) 861-4431, TDD (800) 537-7697