



Health Information Privacy Protection Act (HIPPA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Effective date of notice: April 15, 2003.

Section A: Uses and Disclosures of Protected Health Information

- 1) Under applicable law, we are required to protect the privacy of your individual health information. We are also required to provide you with this notice regarding your protected health information (PHI) and to abide by the terms of this notice, as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for the purposes of treatment, payment and health care operations.

For Treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers such as when our staff consults with your physician or specialist regarding the products or services which we provide.

For Payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing medical services, such as when your case is reviewed to ensure that appropriate products and or services were rendered. For reimbursement purposes, your PHI may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, Medicare supplemental healthcare benefit managers, claims administrators, and computer switching companies.

For Health Care Operations purposes, such use and disclosure will take place in a number of ways, including quality and assessment and improvement, provider review and training, underwriting activities, reviews and compliance activities, planning, development, management and administration. Your information could be used for example, to assist in the evaluation of the quality of care that you were provided.

Other Special Uses Our practice may use your PHI to send you an appointment reminder, to inform you of our other health-related products and services, or to request a contribution to our charitable activities. We may also disclose your PHI to your plan sponsor.

Uses and Disclosures Required by Law We may use and disclose your PHI without your authorization when Legacy Physical Therapy & Sports Training needs to contact a physician or physician's staff and is permitted or required to do so without individual written consent or authorization. We may use and disclose your PHI if we are contacted by another medical facility who states they have your request and consent to transfer medical records of products and or services we provide to them.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described in Section B.

- 2) **Your Privacy Rights Restrictions** You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care; however, we are not required to agree with your request. If we do agree, we must abide by your request.
- 3) **Access to PHI** You have the right to request the following with respect to your PHI:
 - a) Inspection & copying
 - b) Amendment or correction
 - c) An accounting of the disclosures of this information by us
 - d) The right to receive a paper copy of this notice upon request



In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of PHI by alternative means or at alternative locations. To make this request, please contact in writing:

Legacy Physical Therapy & Sports Training
Attention: Cesar Chacon
1144 Tallevast Road
Ste 105
Sarasota, FL 34243

- 4) Unless you object, we may use your name to reference your medical products.

You may be required to sign a signature log form to acknowledge receipt of service and to consent to disclosure of PHI as outlined herein. If you object, you will be required to sign a private affidavit acknowledging services. Your failure to comply could result in Legacy Physical & Sports Training refusal to provide services. We may disclose this information to other persons who ask for you or your medical products by name. You may restrict or prohibit these uses and disclosures by notifying our staff orally or in writing of your restriction or prohibition. In the event of an emergency or in your incapacity, we will determine to do what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures under such circumstances and give you an opportunity to object as soon as is practical.

- 5) Unless you object, we may disclose to one of your family members, a relative, a close personal friend, or to any other person identifies by you, PHI that is directly relevant to the person's involvement with your care or payment related to your care. In addition, unless you object, we may use or disclose PHI to notify, identify, or locate a member of your family, your personal representative, another person responsible for care, or certain disaster relief agencies in your location, general condition or death. If you are incapacitated or there is an emergency, or you object to this use or disclosure, we will do what is in our judgment and is in your best interest regarding such person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick up products, or other similar items of PHI.
- 6) We reserve the right to change the terms of this notice and to make new provisions effective for all PHI we maintain. You may receive a copy of this notice by contacting us as outlined in Section B or upon the receipt of medical care services.
- 7) **Complaints** If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services at: 200 Independence Avenue SW, Washington D.C., 20201. You will not be retaliated against for filing a complaint.

Section B: Contacting Us

If you would like more information about our privacy practices you may contact:

Legacy Physical Therapy & Sports Training
Attention: Cesar Chacon
1144 Tallevast Road
Ste 105
Sarasota, FL 34243
Phone: (941) 355-9601