



1354 N.W. Homestead Dr. Lawton, Ok 73505
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Notice of Privacy Practices

Effective Date: 16 January 2013

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal and we are committed to protecting this information. We create a record of care and services you receive in our facility. This record is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and will tell you the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to make sure: (1) medical information that identifies you is kept private; (2) you are provided with this notice of our legal duties and privacy practices with respect to medical information about you; and (3) we follow the terms of the notice that is currently in effect.

This notice describes our office practices and that of all employees, staff, and other personnel, Fusion Physical Therapy 1355 N W Homestead Drive Lawton, OK 73505.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what is meant. Not every use and disclosure of information will fall within one of the categories.

For Treatment: We may use medical information about you to provide your referring physician with information needed for your treatments or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in your care. Different departments of our practice also may share medical information about you in order to coordinate the different treatments or services you may need. We may also disclose medical information about you to people outside the practice who may be involved in your medical care, such as a family member or other personal representative.

For Payment: We may use and disclose medical information about you so that the treatments and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to file your health plan information about exams done so your health plan will pay us or reimburse you. We may also tell your health plan about the exam or exams you are going to have done in order to obtain prior approval or to determine whether your plan will cover the treatment ordered by your physician.

Health Care Operations: We may use and disclose medical information about you for the purpose of health care operations. This may include, but is not limited to, conducting quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, conducting or arranging for medical review, legal services, and auditing functions, business planning and development, business management and general administrative activities, and customer service.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care.

Individuals Involved in your care: We may release medical information about you to a family member or friend who is involved in your medical care. We may also send information to someone who helps pay for your care. We may also notify family or friends of your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Facility Directory: We may use your name and condition, described in general terms that do not communicate specific medical information, to maintain a facility directory. This information may be released to persons who ask for you by name. Please note any objections to this use or disclosure on Consent to Treatment, Payment, and Healthcare Operations form.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example your referring physician may take part in a research project using your exam. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of the medical information. Before we disclose medical information for research, the project will have been approved through this research approval process. We will almost always ask for your specific permission for the researcher to have access to your name, address or other information that reveals who you are.

As required by law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Advert a Serious threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS:

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. If you are a member of a foreign military, we may release medical information about you to your appropriate foreign military authority.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness. State and/or federal law controls the release of such information.

Public Health Activities: We may disclose medical information about you for public health activities. These activities generally include the prevention or control of disease, injury or disability; reporting births and deaths; child and/or vulnerable adult abuse or neglect; reporting reactions to medications or problems with products; reporting a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notification to the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure, these activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by law enforcement: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct involving our practice; or (6) 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.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized person or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official if the release would be necessary (1) for this practice to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety, security, and good order of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU: You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy protected health information about you. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information about you, a request must be submitted to Fusion Physical Therapy's office staff. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

Right to receive confidential communications of PHI: You have the right to receive communications of PHI by alternative means or at alternative locations. This may be an alternate address, PO Box, or telephone number. This request will be honored whenever it is considered reasonable by the facility. You may be required to explain how payment will be handled.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. All requests will be addressed within thirty (30) days of receipt of a written request. To request an amendment, your request must be in writing and submitted to Fusion Physical Therapy's Privacy Officer. In addition you must provide a reason that supports your 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 us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the information which you would be permitted to inspect and copy; or (3) is accurate and complete.

Rights to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. An accounting of disclosures will include any disclosure except for disclosures: (1) to carry out treatment, payment and health care operations; (2) to you of protected health information about yourself; (3) incident to a use or disclosure otherwise permitted or required by the Privacy Regulations; (4) pursuant to the your authorization; (5) for a facility directory or to persons involved in the your care; (6) for national security or intelligence purposes; (7) to correctional institutions or law enforcement officials to provide them with information about a person in their custody; (8) as part of a limited data set; or (9) that occurred prior to the compliance date. To request this list or accounting of disclosures, you must submit your request in writing to the Fusion Physical Therapy Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list. (For example, on paper or electronically, i.e. on disk or by e-mail). This first list you request within a 12 month period will be free. For additional list, we may charge a fee 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. All requests will be acted upon within sixty (60) days after receipt of a written request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you. 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. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Fusion Physical Therapy Privacy Officer. In your request restrictions, you must inform us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to a Copy of this Notice: You have the right to obtain a copy of this notice at any time.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the upper left-hand corner, the effective date. A copy of the current notice in effect will be made available to you.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation with our office or with the Secretary of the Department of Health and Human Services 200 N. Independence Avenue, S.W. Washington, D.C., 20201. To file a complaint with our office, contact The Fusion Physical Therapy Privacy Officer at (580) 699-54551. All complaints must be in writing at 1354 N W Homestead Drive, Lawton, Oklahoma, 73505. If you have any questions about this notice, please contact Fusion Physical Therapy Privacy Officer at (580) 699-5455.

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.