

Notice of Privacy Practices



This notice describes how your medical information may be handled and disclosed and your rights to your medical information.

At Physical Therapy Solutions, we are committed to providing the quality care you deserve with passion, respect, and empathy. We respect the privacy and confidentiality of your health information. This policy explains our privacy practices and your rights regarding your protected health information.

Our Responsibility:

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if there is a breach in the safety and privacy of your health information.
3. We must follow the privacy practice policies described in this notice.
4. Without your written permission, we will use or share your information only in the way described in this notice.
5. We reserve the right to change this policy notice. We reserve the right to revise or change the notice effective for the health information we already have of you and any information we may receive in the future.
6. We will post a copy of the current privacy practice policy in our clinic.
7. Notice will contain the effective date of the current policy.

Your Rights:

1. You can request a paper or digital copy of this privacy policy anytime. We will provide you with copy promptly.
2. You can request a copy of your health information we maintain about you. We will provide you with a copy of your health information within 30 days from the date of request. The request may have a charge, which may vary depending on the paper or digital copy.
3. You may request to correct any of your health information if it is incorrect or if there is a change. You will have to provide us with proof of such correction. We will amend or reply to your request if it's denied.
4. You may request to provide instances your health information has been disclosed, to whom, and why for the past five years. You will have to request in writing to us.
5. You may request us to keep your health information private if you pay for all your health care services provided by us. We will honor your request unless required by law.
6. You may request that we not use your certain health information as mentioned in this policy. We are not required to agree; we cannot guarantee that your request will be honored.
7. You may appoint a medical power of attorney or legal representative to exercise your rights and make choices about your health information. You or your representative or medical power of attorney will have to provide us with proof for the same.

How We may share your information:

At Physical Therapy Solutions, we may, without your written permission, use your health information within our organization in the following ways,

For Treatment:

We may use your health information to provide evidence-based quality healthcare services. We may share your information with doctors, nurses, and other healthcare professionals involved in your care. We may ask your referring provider about your condition in delivering the best possible care.

For Payment:

We may use your health information to help us obtain payment for the services rendered. For instance, we may share your health information, your plan of care, and the treatment services provided to your health insurance plan to reimburse us for the services provided to you. We may use your health information and the plan of care to receive prior authorization from your health insurance carrier for the treatment.

For Practice:

We may use your health information to improve our business operations and the quality of care. We may use your health information to reach you at the telephone no or physical address regarding scheduling, rescheduling, and/or canceling appointments, updates to your health insurance plans, registration, and billing/payment practices.

Other instances that may require us to disclose your health information without your written permission within the scope of privacy laws are as follows,

1. We will disclose your health information when required by federal, state, or local law. For example, we may disclose your health information if we are legally required to report abuse, neglect, domestic violence, and physical injuries.
2. We may use your health information when necessary to prevent a serious threat to the health and safety of you, the public, or another person. In such instances, the health information will be disclosed only to personnel providing help to prevent the threat.
3. If you are a member of the armed services, we may disclose your health information to the concerned authorities under the requirement of law.
4. We may disclose your health information to workers' compensation insurance for work-related injury/illness benefits.
5. We may disclose your health information for public health safety required by federal, state or local laws.
6. We may disclose your health information to health oversight agencies authorized by privacy laws.
7. We may release your health information to law enforcement and or other national security agencies as required under the law.
8. If you are involved in a lawsuit or a dispute, we may disclose your health information to the administrative judge under subpoena or lawful processes.
9. We may release limited health information to the family member, health guarantor, friend, or caregiver providing you care and paying for your treatment. necessary for your care and payment for services.
10. If you are an inmate of a correctional institution or under the custody of a law enforcement agency, we may release your health information to the concerned authorities.

Other uses and releases of your health information not covered under this policy or any privacy laws are made only with your written permission, including proper disclosures. You have the liberty to revoke your permission at any time in writing. Once revoked, we will no longer release your health information other than covered under written authorizations. We cannot retract any disclosures already made with your permission and those we are required to retain for records of the care we provided for you.

You may file a complaint:

If you believe your privacy rights have been violated or you have any questions regarding the privacy policy, please get in touch with us at 219-316-7470 or email contact@ptsoln.com

If may also file a complaint with the Office of Civil Rights, US Department of Health and Human Services by

A. By sending a mail to

**200 Independence Ave S.W.,
Washington, D.C 20201**

B. By Calling **1.877.696.6775**

C. By visiting the website, www.hhs.gov/ocr/privacy/hipaa/complaints

If you have any questions about this policy notice, don't hesitate to contact us at 3538 Calumet Ave, Valparaiso, IN 46383 or call us at 219-316-7470 or email us at contact@ptsoln.com