



## Notice of Privacy Policies: HIPAA

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CONTENT BELOW CAREFULLY.

**Introduction:** River Parish Physical Therapy & Wellness, LLC is committed to treating and using your protected health information in a responsible manner. Federal and state laws require me to maintain the privacy of your protected health information. This Notice of Health Information Practices describes the personal information that I collect, and how and when I use or disclose this information. It also describes your rights as they relate to your protected health information (PHI). This Notice is effective as of April 14, 2003, and applies to all protected health information as defined by federal guidelines and regulations.

**Understanding Your Health Record/Information:** Every time you are treated at River Parish Physical Therapy & Wellness, LLC a typed record of your visit is made. This note contains your symptoms, examination findings, and test results, treatment, and a plan of care for future visits. This information, is referred to as your health or medical record, and it serves as:

- \* Basis for planning your care and treatment,
- \* Means of communication among many healthcare professionals that work as a team to deliver care,
- \* Legal document described the care you received,
- \* Means by which a third party payer can verify that services billed were actually provided,
- \* A tool in educating health professionals
- \* A source of information for public health officials charged with improving the health of this state and nation,
- \* A source of data for planning and marketing,
- \* A tool with which I can assess and continually work to improve the care I render and the outcomes I achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand, who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights: Although your health record is the River Parish Physical Therapy & Wellness, LLC the information belongs to you.

### You have the right to:

- \* Obtain a copy of this notice of information practices on request,
- \* Inspect and receive a copy of your health record as provided for in 45 CFR 164.524,
- \* Amend your health record as provided in 45 CFR 164.528,
- \* Obtain an accounting of disclosures of your health information other than for treatment, payment and healthcare operations as provided in 45 CFR 164.528,
- \* Request communications of your health information by alternative means or at alternative locations,
- \* Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and Revoke your authorization to use or disclose health information except to the extent that action has already been taken.



**River Parish Physical Therapy & Wellness, LLC is required to:**

- \* Maintain the privacy of your health information,
- \* Provide you with this notice as to our legal duties and privacy practices with respect to information that is collected and maintained about you,
- \* Abide by the terms of this notice,
- \* Notify you if I am unable to agree to a requested restriction, and
- \* Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

River Parish Physical Therapy & Wellness, LLC reserves the right to change practices and to make the new provisions effective for all protected health information that is maintained. Should information practices change, River Parish Physical Therapy & Wellness, LLC will mail a revised notice to the address you provided on file, or based on agreement, a copy will be emailed to you.

River Parish Physical Therapy & Wellness, LLC will not use or disclose your health information without your authorization, except as described in this notice. Furthermore, River Parish Physical Therapy & Wellness, LLC may use or disclose PHI about you for treatment, payment, and health care operations. Following are examples of types of uses and disclosures that the company is permitted to make.

**River Parish Physical Therapy & Wellness, LLC will disclose health information for treatment.**

Example: Information obtained by the physical therapist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. River Parish Physical Therapy & Wellness, LLC will document in your record, your plan of care, treatment and interventions, observations, symptoms, tests, and measurements and your response to treatment.

River Parish Physical Therapy & Wellness, LLC will provide your physician, case manager or subsequent health care provider with copies of various reports that should assist him or her in your treatment and care.

**River Parish Physical Therapy & Wellness, LLC will use and disclose your health information for payment.**

Example: A bill may be sent to you or a third-party payer. River Parish Physical Therapy & Wellness, LLC may use and disclose your PHI to submit bills to you or a third-party payer for health care services provided to you. River Parish Physical Therapy & Wellness, LLC may disclose your PHI to another health plan, health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for benefits, reviewing services for medical necessity, and performing utilization review of your account.

**River Parish Physical Therapy & Wellness, LLC will use and disclose health information for regular health care operations.**

Example: Health care operations include the business functions conducted by a health care provider. Members of the healthcare staff may use information in your health record to perform transcription duties, as well as assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services that River Parish Physical Therapy & Wellness, LLC provides. These



activities may include providing customer services, transcription duties, responding to complaints, conducting review of accounts and other quality assessment and improvement activities.

**Business associates:** There are some services provided through contacts with business associates with whom River Parish Physical Therapy & Wellness, LLC has written agreements containing terms to protect the privacy of your PHI. When these services are contacted, River Parish Physical Therapy & Wellness, LLC may disclose your health information to my business associates so that they can perform the job River Parish Physical Therapy & Wellness, LLC has appointed them to do, which may include billing you or your third-party payer for services rendered. In order to protect your health information River Parish Physical Therapy & Wellness, LLC requires the business associates to appropriately safeguard your information.

**Notification:** River Parish Physical Therapy & Wellness, LLC may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. As a means of communication River Parish Physical Therapy & Wellness, LLC may: leave a message on your answering machine or on voicemail, mail you a postcard or written notice, email you or text, your healthcare provider, or case manager.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research:** River Parish Physical Therapy & Wellness, LLC may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Workers Compensation:** River Parish Physical Therapy & Wellness, LLC may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers Compensation or other similar programs established by law. This may include communication either in writing, email, or by telephone with a case manager in charge of your case.

**Public Health:** As required by law, River Parish Physical Therapy & Wellness, LLC may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** River Parish Physical Therapy & Wellness, LLC may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**On Your Authorization:** You may give River Parish Physical Therapy & Wellness, LLC written authorization to use your PHI or to disclose it to another person and for the purpose you designate. If you give River Parish Physical Therapy & Wellness, LLC the authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give River Parish Physical Therapy & Wellness, LLC a written authorization, this company cannot use or disclose your PHI for any reason except those described in this notice.

For More Information or to Report a Problem:

\* If you have any further questions and would like additional information you may contact River Parish Physical Therapy & Wellness, LLC (225-647-3709)

\* If you believe your privacy rights have been violated, you can file a complaint with River Parish Physical Therapy & Wellness, LLC or with the Office for Civil Rights, U.S. Department of Health and Human Resources. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services 200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that River Parish Physical Therapy & Wellness, LLC has engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.