



Effective Date: December 10, 2015

NOTICE OF PRIVACY PRACTICES

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

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR NEED MORE INFORMATION CONTACT:

GOfit Physical Therapy LLC Attn: Privacy Officer
Kyle Atwell
406 Duck Bill Ln
Annapolis, MD
info@GOfit-pt.com
(443) 699-4771

Your Health Information

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this notice. This notice is intended to explain our privacy practices with regard to your PHI. This notice describes your rights and our legal obligations regarding the use and disclosure of your PHI

What Is Protected Health Information:

Protected Health Information is information that individually identifies you in regards to your past, present, or future medical conditions, the provision of healthcare to you or the manner of payment for your past, present, or future healthcare.

How We May Use and Disclose Your Protected Health Information

We may use your PHI in the following circumstances:

- **For Treatment:** We may disclose or use your PHI to provide you with medical care or to manage and coordinate your care. Your PHI may be provided to a physician or other health care provider involved in your care or whom you have been referred to. This is done to ensure that the physician or health care provider has the necessary information to diagnose and treat you or provide you with a service.
- **For Payment:** We may use your PHI as needed to obtain payment for your health care services. We may need to provide information to your insurance carrier in order for your insurance carrier to agree to pay for services. This may also include disclosure of your PHI to your physician.

- **For Health Care Operations:** We may use and disclose your PHI for our health care operations. For example, we may use your PHI to internally review the quality of care and services you receive in order to decide what additional services we may offer for improved care. We may use your PHI to evaluate the performance of our team members in caring for you. We may disclose your PHI for to other health care providers for educational and learning purposes. We may disclose your PHI to another company to submit our billing though this company is under contract to protect the privacy and ensure the security of your PHI. In addition we may use a sign-in sheet at the registration desk where you will be asked to sign your name.
- **Appointment Reminders:** We may use your and disclose your PHI in order to contact you to remind you that you have an appointment for medical care.
- **Research:** We may use and disclose your PHI for research purposes and projects that are subject to a special approval process or under certain other limited circumstances.
- **As Required By Law:** We may disclose PHI about you when required to do so by international, federal, state, or local law.
- **Public Health Risks:** We may disclose PHI for public health activities. This includes disclosure to prevent or control disease, report child abuse or neglect, and a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI to the appropriate government authorities if we believe a patient has been a victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits, investigations, inspections, licensure, and similar activities that necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.
- **Lawsuits And Disputes:** We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other legal process, subject to certain restrictions.
- **Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Individuals Involved In Your Care or Payment of Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other

person you identify, your PHI that directly relates to that person's involvement in your care. We may also disclose your PHI to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, if you bring your spouse with you into the treatment room or area during treatment or while treatment is being discussed we may assume you agree to our disclosure of your PHI to your spouse.

- **Information Not Personally Identifiable:** We may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

Uses or disclosures of your PHI not covered by this notice or the laws that apply to use will be made only with your written authorization. We will not sell your health information, use or disclose any psychotherapy notes about you, or use or disclose your PHI for marketing purposes without your authorization unless otherwise permitted by law. If you do give us authorization you may revoke it at any time by submitting a written revocation to our Privacy Officer.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations:

- **Right To Inspect And Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge a reasonable fee for the costs of copying or mailing. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right To Get Notice Of A Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Amendments:** You have the right to request an amendment to your PHI if you feel it is incorrect or incomplete. You have a right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer and it must tell us the reason for your request. If we disagree with your amendment we may deny your request upon which you may file a statement of disagreement that will become part of your record. We may not amend parts of your medical record that we did not create.
- **Right To An Accounting Of Disclosures:** You have the right to request an accounting of disclosures of your PHI made in the previous six years. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this notice or for which we have obtained authorization.

- **Right To Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care. To request a restriction you must submit a written request to the Privacy Officer. Your request must state the specific restriction and whom you want it applied. We are not required to agree to your request, unless you are asking us to restrict your PHI for payment or services that you have paid “out-of-pocket” in full. If we do agree to your request we may not use or disclose your PHI unless it is needed to provide emergency treatment.
- **Out-Of-Pocket:** If you paid out-of-pocket in full for services you have the right to ask that your PHI with respect to that service not be disclosed to a insurance carrier for purposes of payment or health care operations, and we will honor that request.
- **Right To Request Confidential Communications:** You have the right to request that we communicate with you only in a certain way to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you at your work number only. You must make such requests in writing and specify how and where we may contact your. We will not ask for a reason for your request and will accommodate all reasonable requests.
- **Right To A Paper Copy Of This Notice:** You have the right to a paper copy of this notice and may request a copy at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the changed notice effective for PHI we already have as well as any PHI we create or receive in the future.

COMPLAINTS

To file a complaint with us contact our Privacy Officer. All complaints must be made in writing and should be submitted with 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint. You may also file a complaint directly to the Secretary of Health and Human Services.