



## Notice of Health Information Privacy Practices

This notice describes how PT360, Inc. may disclose health information about you and how you can access this information. Please review this notice carefully.

We understand that health information about you/your child is very personal. PT360, Inc. takes your privacy rights very seriously. A Federal Law called HIPAA, the *Health Insurance Portability and Accountability Act*, was created to support your privacy and rights surrounding your health information.

**What is Health Information?** Health information is recorded every time you seek treatment from a health care provider. Typically health information contains your symptoms, evaluation, diagnosis, treatment and plans for future care.

### ***How we may use and disclose (share) Health Information about you.***

The following 3 categories: Treatment, Payment and Healthcare Operations are the most common ways PT360, Inc. uses/shares your health information.

For Treatment: We may use and disclose health information about you/your child to doctors, nurses, healthcare associates, physical therapy/nursing/medical students and/or other personnel who work within the PT360, Inc. office network. We may also disclose health information if hospitalized, to your primary care physician, to a pharmacy to have a prescription filled pertaining to PT, to the hospital for x-rays or for other treatment purposes, or if you have been referred to another specialist for treatment.

For Payment: We may use and disclose health information about you so that the services you received from us may be billed for payment collected. For example, we may need to give your health insurance plan information about your PT visit so they will pay us or reimburse you.

For Healthcare Operations: We may use and disclose information about you internally to make sure that you received quality care. For example, we may use health information to review our services, to evaluate the performance of our personnel or to review your records if you have filed a complaint.

### ***Other ways we may use and disclose Health Information about you.***

#### Public Health Information (required by state or federal law).

To report abuse or neglect of minors/adults/elderly.

To report reactions to medications.

Health Oversight Activities: We may disclose health information to a health oversight agency for them to make sure we are following the law, i.e. audits, inspections, investigations or licensure.

In An Emergency Situation: We may need to release your health information without your consent to an ambulance so they can treat you.

As Required by Law: PT360, Inc. will NOT release your health information without your written authorization:

For a worker's compensation claim.

Request from life insurance companies, employers, family, friends, lawyers and/or other 3<sup>rd</sup> parties.

Before you enter a research study.

There may be times listed below when we may need to release your records without your consent. Such release of information will only be made after reasonable efforts to contact you for your authorization.

If we received a court order or subpoena to produce your health information.

To the State or District Attorney's Office, if you are the victim of a crime.

If a medical examiner requests your health information.

**Notice of Health Information Privacy Practices**  
(continued)

***Your rights regarding Health Information about you.*** You have the following rights to your health information:

1. Right to inspect and to a copy of your health care and billing records.
2. Right to request an amendment to your records if you feel that health information we have about you is incorrect or incomplete. Any amendment will become a permanent part of your medical record.
3. Right to a list of how we shared your health care information except for treatment, payment and healthcare operations (as previously described on the first page of this notice).
4. Right to request restrictions on uses or sharing of your health care information not be sent to an outside health care provider. ***This request must be made in writing and at times, may be denied.***
5. Right to request confidential communications: you have the right to request that we contact you in a certain manner or a certain location. We will try to honor all requests.
6. Right to a paper copy of this notice: you have the right to obtain a paper copy of this notice upon request.

**Minors (younger than 18 years of age) and persons with Guardians.** If you are a minor or a person with a guardian obtaining healthcare, your parent or legal guardian may have the right to access your medical record and make certain decisions regarding the uses and disclosures of your health information.

**Changes to this notice.** We reserve the right to revise or change this Notice. A dated copy will be available

**Other uses of Health Information.** Other uses and sharing of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you have given us permission you may change your mind, in writing at any time, and we will no longer use or share that health information in the manner you requested. Information already used or shared cannot be taken back. We are required to keep records of the care that we have given to you.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with us. Please contact: Ms. Mary Steiger, President, PT360, Inc., 426 Industrial Drive, Suite 190, Williston, Vermont 05495. All Complaints must be submitted in writing. You will not be penalized for filing a complaint.

Thank you for choosing PT360, Inc. to be the providers of your care.