

Capitol Area Physical Therapy Associates, Inc.  
D.B.A FYZICAL Therapy Mid-Michigan  
**Notice of Privacy Practices**  
Effective 04/14/2003

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This notice describes how information about you may be used and disclosed by Capitol Area Physical Therapy Associates, Inc. (D.B.A. FYZICAL Therapy Mid-Michigan) and how you can get access to this information. Please review this notice carefully.

This notice applies to the privacy practices of FYZICAL Therapy Mid-Michigan including each clinic site, any health care professional who provides care to you at a FYZICAL Therapy Mid-Michigan site, any personnel who is authorized to enter information into your FYZICAL Therapy Mid-Michigan record and all other FYZICAL Therapy Mid-Michigan employees.

In this notice, each reference to "we" is meant to include all of the above entities, providers and locations. Any or all of these entities, providers or locations may share information about you for treatment, payment or health care operation purposes described in this notice.

#### **USING AND DISCLOSING YOUR PERSONAL HEALTH INFORMATION**

Each time you visit a health care provider, a record of your visit and the care provided during that visit is made. Typically, this record contains information regarding your health history, symptoms, examinations and tests performed including test results, treatment and any plan for future care or follow-up with respect to your condition or treatment. Some of this information will come from other health care providers. This information is referred to as your personal health information.

When we create a record or collect this type of information about you, we use it for current or future treatment purposes, to obtain payment for treatment provided to you, for administrative and operational purposes and to evaluate the quality of care provided to you. We may use or disclose certain identifiable personal health information about you, without your authorization for other reasons such as:

- A means of communication with other health care professionals (e.g. your referring physician), who contribute or participate in your care as well as people outside of healthcare who may be involved in your care (e.g. family members or others who provide services that are part of your care).
- A means for preparing documentation relating to your treatment that we are required by law to maintain and in some cases, give out for public health purposes, abuse or neglect reporting, auditing purposes, research studies, worker's compensation purposes and emergencies.
- A means by which we may bill for or receive payment from you, an insurance company or other third-party payer, or person responsible for paying for any of your care. For example, we may need to give your personal health plan information about treatment you received at a FYZICAL Therapy Mid-Michigan facility so the plan will reimburse us for the care we provided.
- A source of data in our daily operations as a health care provider. For example, we may need to use your health record as a tool in assessing the competency of staff effectiveness or procedures.
- A source of data for contacting you.
- A source of data for advising you of possible treatment options or alternatives and other health related benefits or services that may be of interest to you.
- A source of information the public health officials charged with improving public health or responsible for averting a serious threat or safety of you, another person or the public.

- Information required to be disclosed by federal, state or local law.
- For members of domestic or foreign armed forces, to comply with the requirement of domestic or foreign military command authorities.
- A source of information for health oversight agencies in connection with legally authorized activities related to the investigation, inspection and licensure of health care providers.
- A source of data and information in connection with a legal dispute or lawsuit in which you are involved, in response to a court or administrative order, subpoena or other discovery request, as permitted by law.

We provide patient health information when otherwise required by law, such as when law enforcement officials are entitled to such information in specific circumstances. In many other instances, we will ask for written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose your protected personal health information, you can later revoke that authorization.

We may change our policies or, practices regarding the use of your health information from time to time. Before we make a significant change in our policies or practices, we will change our notice and post the new notice in our offices. You can always receive a copy of our current notice at any time, for more information about our privacy policy and practices, please contact the individual listed below.

### **YOUR PERSONAL HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of FYZICAL Therapy Mid-Michigan, the information contained in your health record belongs to you. You have a right to request the restriction of certain uses and disclosures of your information. You also have the right to amend and request changes in the information contained within your health record and to obtain an accounting of certain disclosures of your health information that are not made for treatment, payment or operating purposes as described above. Any request to amend your record must be made in writing and we may deny, your request if it:

- Is not in writing,
- Does not include a reason to support the request; or
- The health-information or record that is the subject of the request was created by another health care provider; is not part of the health information kept by or for our organization; is not part of the health information you would be permitted to inspect or copy or is accurate and complete as is.

Any request for an accounting of disclosures of your health information must be in writing, can be for a time period no longer than six years and may not include a period prior to April 14, 2003. The first disclosure list you request within a 12-month period is free. For any additional request, we may charge you for the cost of providing the list.

You may request, in writing, that we restrict or limit the ways we use or disclose your information for treatment, payment or operations purposes. We will consider your request, but you should be aware that we are not legally required to accept it and may, if we deem your request too restrictive, elect not to treat you or to disregard it in an emergency situation.

You have the right, with limited exceptions, to inspect and obtain a copy of your health record. Usually, this includes medical and billing records. If you request copies of your health records, the request must be in writing and we will charge you \$0.50 per page for such copies. This charge is directly attributable to the administrative and copying costs associated with meeting your request. **If your request for copies of your health record is, in your opinion, an emergency, please let us know as we do not intend to deny you access to your health records or information in and emergency circumstance and will work with you to meet these emergency needs.**

You also have the right to request that we communicate with you about medical matters in certain ways or at certain locations (e.g. only call you at home or by mail). Again, this request should be in writing and should be specific as to how and where you wish to be contacted. We do not need to know the reasons for your request.

### **YOUR COMPLAINTS**

We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices and to abide by the terms of this notice. If you are concerned that we have violated your privacy rights or our own policies as summarized in this notice, or if you disagree with a decision made about access to your records, you may contact the person listed below. You may also send a written complaint to the United States Department of Health & Human Services, the person and office listed below can provide you with the appropriate address upon request. You will not suffer any retaliation of filing a complaint.

### **OUR RESPONSIBILITIES**

We are required by law to protect the privacy of your information and to provide you with this notice about our information practices. We are also required to abide by the terms of this notice and to notify you if we are unable to agree to a requested restriction you have made relative to the use or disclosure of your information. In addition, we are required to accommodate reasonable requests you make regarding the communication of your health information by alternative means or alternative locations.

**If you have any questions regarding this notice, our use or disclosure of your health information or wish to file a complaint regarding our use or disclosure of your health information, please contact Louis P. Finos at 830 W. Lake Lansing Rd., Suite# 190, East Lansing, MI 48823 or at (517) 333-8550.**