

**EL PASO PHYSICAL THERAPY SERVICES
NOTICE OF PRIVACY PRACTICES**

SECTION 164.520(a) - HEALTH INSURANCE PORTABILITY AND PRIVACY ACT

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

USES AND DISCLOSURES WITHOUT AUTHORIZATION

EPPTS discloses individual protected health information for treatment, payment and health care operations without authorization in the following ways, including but not limited to: name, address, telephone number, date of birth, social security number, employer, health insurance, diagnosis, treatment plan, referring physician name, marital status.

This information is disclosed, as required by law. In addition, the information is disclosed to health care providers and facilities as needed for specified treatments. For example, we will send your current medical status and treatment plan to your physician.

Information will also be given to our billing associates in order to contact your insurance plan to receive payment. In some cases, your employer may be notified in order for payment to be received. For example, your health insurance claims are sent electronically to your carrier for payment. All electronic transfers have met standards set by the government.

Protected health information is released in normal health care operations. These operations include, but are not limited to, treatment plans and outcomes, coordinating your treatment with your insurance carrier, referring physician and other referral sources as needed.

EPPTS employs only licensed physical therapists. Our physical therapists receive continuing education throughout the year to maintain their license, as required by state law. Management, also, strives to maintain cost and quality of service related to patient care. We insure that EPPTS remains in compliance with state and federal laws related to patient care and privacy of patient health information.

We strive to bring the best possible care to you and resolve any complaints in a timely manner. For example, in the pre-certification process we will submit your treatment plan to your physician and your insurance carrier. We then update these entities periodically regarding your progress and current status. Pre-certification means contacting your insurance carrier and providing them with your personal health information. This contact will help us determine your benefits and treatment plan.

Your protected health information is available to you or your designated personal representative upon request, and in accordance with applicable state and federal requirements.

Your verbal consent is required for the pre-certification process as described above. At the first visit, your written consent will be required to further disclose protected health information to carry out treatment, payment, or health care operations. Any disclosure of your protected health information not related to treatment, payment or health care operations will require a signed authorization.

EPPTS may disclose to a family member, other relative or close personal friend or other identified individual, your protected health information to assist with your care and or financial matters.

EPPTS may also use or disclose protected health information to notify or assist in identifying or locating a family member, personal representative, or another person responsible for the care of patient, patients location, general condition or death.

Protected health information may be disclosed to an individual as described above with the patient present if the patient agrees to the disclosure without objection.

Protected health information may be disclosed to the individual described above without the patient present because of patient incapacity or an emergency situation. EPPTS may determine whether disclosure is in the best interest of the patient and, if so, disclose only protected health information directly related to the individual's involvement with the patient's health care.

Protected health information will not be used for marketing without your specific signed authorization.

EPPTS may use or disclose protected health information where required by federal or Texas laws and regulations.

EPPTS must disclose victims of abuse, neglect, or domestic violence to the referring physician and/or other appropriate agency.

For EPPTS regulatory and licensure requirements, protected health information will be disclosed to a health oversight agency for oversight activities required by law, including audits, civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for oversight of health care system, Medicare or other government benefit programs.

EPPTS may disclose protected health information in the course of any judicial and administrative proceedings. These include responses to: order of a court or administrative tribunal, subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal.

In cases of a lawful process without an official order, protected health information may be released under the following circumstances:

A) EPPTS has received satisfactory assurance that reasonable efforts have been made to notify the patient of the request;

B) EPPTS has received satisfactory assurance that reasonable efforts have been made to secure a qualified protective order meeting established requirements;

C) EPPTS has received a written statement and accompanying documentation from requesting party showing that:

1) A good faith attempt has been made to notify the patient in writing. If current address is unknown, the notice must be mailed to patient's last known address.

2) The notice must have enough information about the litigation or proceeding needing protected health information to give the patient a chance to object to the court or administrative tribunal;

3) The time has passed for the patient to object and no objections were filed or all objections have been resolved.

D) EPPTS has satisfactory assurance that a written statement and documentation showing that parties involved have agreed to a protective order that has been given and presented to the court or administrative tribunal with jurisdiction over the dispute. Assurance has also been given that a qualified protective order has been requested from the court or administrative tribunal.

E) EPPTS may disclose protected health information in response to a lawful process described above without receiving satisfactory assurances as long as reasonable efforts have been made to notify the patient or seek a qualified protective order.

F) EPPTS receives satisfactory assurances that requestor agrees to limit uses and disclosures to the needs of the proceeding and to destroy or return protected health information at the end of the proceeding.

EPPTS may disclose protected health information for law enforcement purposes to a law enforcement official providing that the following conditions are met:

A) As required by law, such as, certain wounds or other physical injuries; in response to a court order, warrant, subpoena or summons issued by a judicial officer, a grand jury subpoena, or an administrative request, including an administrative subpoena or summons, a civil or authorized investigative demand, or other process by law, provided that:

1) The information requested is relevant and necessary to a law enforcement inquiry,

2) The request is specific and limited to the purpose, for which the information is sought,

3) De-identified information cannot be used.

B) The request for the information is for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, providing that only the following information be given:

- 1) Name and address
- 2) Date and place of birth
- 3) Social Security number
- 4) ABU blood type and rh factor
- 5) Type of injury
- 6) Date and time of treatment
- 7) Date and time of death
- 8) Distinguishing physical characteristics such as: height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.
- 9) DNA, DNA analysis, dental records or typing, samples or analysis of body fluids or tissue may not be disclosed.

C) The information disclosed is about an individual who is or is suspected to be a victim of a crime as long as:

- 1) The individual agrees to the disclosure.
- 2) If agreement is not obtained because of incapacity or other emergency circumstances, disclosure is permitted if
 - a) The information is to determine if a crime has been committed and will not be used against the individual;
 - b) The information is needed for immediate law enforcement activity, which could adversely affect the case if delayed;
 - c) Disclosure is in the best interest of the individual.
- D) The information is for the purpose of alerting law enforcement of a death that may have occurred as a result of criminal conduct.
- E) The information is evidence of criminal conduct that occurred on EPPTS premises.
- F) The information is to report a crime in an emergency situation if disclosure is necessary to alert law enforcement to:
 - 1) The committing of and type of crime;
 - 2) The location of the crime and/or the victim;

3) The identity, description and location of the suspect, unless the emergency is a result of abuse, neglect or domestic violence of the individual in need of emergency health care.

EPPTS may disclose minimum necessary protected health information to satisfy the conditions of work-related compensation as required by law.

EPPTS may disclose protected health information for marketing purposes if the marketing is done face to face, if the marketed items are of little value or concerns health related products of EPPTS or of a third party as long as the communication is only to a business associate that assists EPPTS with such communication. These products can be marketed if EPPTS is identified, any payment to EPPTS is disclosed and the individual can decline the product at any time (except for broad newsletters).

EPPTS is required to disclose protected health information to the individual when requested and as required under Individual Rights in the Privacy Notice or when required by the Secretary to investigate and determine compliance with the Privacy Act.

EPPTS may contact the patient to provide appointment reminders and information about treatment and/or health-related benefits, services and alternatives.

USES AND DISCLOSURES WITH AUTHORIZATION

Any other uses and disclosures will be made with the patient's written authorization. This authorization may be revoked in writing at any time.

INDIVIDUAL RIGHTS

EPPTS patients have the right to request restrictions on how their protected health information may be used or disclosed relating to treatment, payment and health care operations. However, EPPTS is not required to agree to the restriction request. If EPPTS agrees to the requested restriction, the protected health information may not be used or disclosed except in emergency treatment situations. Any disclosure of the restricted information during emergency treatment will not be used or disclosed in the future. A restriction is not effective on disclosures to the patient or as required by law.

EPPTS must permit and reasonably accommodate a patient's request to receive communication about their protected health information by alternative means and at alternative locations. All requests must be made in writing. EPPTS may agree to these requests based on how payment arrangements are made, instructions on alternative addresses or other method of contact. No explanation of this request is required from the patient.

EPPTS patients have a right to review their medical record and obtain a copy for as long as the protected health information is in the records. Exceptions include: information for use in a civil, criminal or administrative proceeding; information subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, and 42 CFR 493.3(a)(2). At the time of request, the patient will be advised of fee requirements. EPPTS may deny the patient access and the opportunity to review their protected health information if:

A) The protected health information is contained in the Privacy Act, 5 U.S.C. §552(a) if denial meets the requirements of that law;

B) If protected health information is obtained from someone other than EPPTS under a promise of confidentiality and access would reveal the source.

EPPTS may deny patient access if:

A) The physical therapist has determined that such information may endanger the life or physical safety of the patient or another person;

B) The information refers to another person and may cause harm to that person;

C) The request is made by the patient's personal representative and the physical therapist has determined that harm may come to the patient or another person if access is granted.

If access is denied, the patient has the right to have the denial reviewed by a designated licensed health care professional selected by EPPTS. This person will not have participated in the original decision to deny access.

EPPTS patients have a right to request an amendment to protected health information or a record in their file for as long as the record is maintained by EPPTS. EPPTS may deny the request if:

A) The information was not created by EPPTS;

B) The information is not part of the medical record;

C) The information would be available for inspection under the previously stated right to access;

D) The information is accurate and complete.

All amendment requests must be in writing and will be handled by EPPTS in a timely manner.

EPPTS patients have a right to receive a listing of disclosures of their protected health information made by EPPTS within the last six years, or since the compliance date of this rule, whichever is last. This list does not include disclosures required to carry out treatment, payment or health care operations, to the patients themselves, and for health oversight, national security, or intelligence, correctional institutions and law enforcement agencies and/or officials.

EPPTS patients have a right to receive a paper copy of electronically transmitted information.

COVERED ENTITY DUTIES

EPPTS is required by law to keep patients' protected health information private and provide notices to our patients of our legal responsibilities and privacy practices. EPPTS must abide by the terms of our current privacy notice. EPPTS reserves the right to change the notice at any time. Changes are effective immediately. A revised notice will be issued on request and posted as soon as possible.

Complaints concerning privacy may be directed to the Office Manager of each facility, EPPTS Privacy Official or the Secretary of Health and Human Services. No action will be taken against a patient or their personal representative acting on behalf of the patient who files a complaint. Complaints must be filed with the Office of Civil Rights within 180 days of when the patient knew or should have known that the act had occurred.

If you believe your privacy rights have been violated, you may file a complaint with EPPTS or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with EPPTS contact **Mindy Castillo, Privacy Official** at **(915) 581-9606**. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address for the Office of Civil Rights is: 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

All complaints must be submitted in writing.

This notice is effective April 14, 2003.

§164.520(a) Notice of Privacy Practices—Health Insurance Portability and Accountability Act