



**KEYSTONE
PHYSICAL THERAPY**

www.keystonept.com

NOTICE OF PRIVACY PRACTICES

This Notice describes how your health information, including therapy records, may and may not be used and disclosed to others, and how you may gain access to this health information. Please review the information in this Notice carefully.

This Notice has been updated in accordance with the HIPAA Omnibus Rule and is effective September 23, 2013. It applies to all Protected Health Information as defined by federal regulations. Keystone Physical Therapy, LLC's policy is to provide a Notice of Privacy Practices to each patient upon your visit to the facility, and make a good faith effort to obtain a signed 'Acknowledgement of Receipt of Notice of Privacy Practices'.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Keystone Physical Therapy, LLC a record of your visit is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for this treatment. We may use and/or disclose this information to:

- Plan your care and treatment.
- Communicate with other health professionals involved in your care.
- Document the care you receive.
- Assess and continually work to improve the care we render and the outcomes we achieve.
- Serve as a legal document.
- Receive payment from you, your plan, or your health insurer.
- Comply with state and federal laws that require us to disclose our health information.

YOUR HEALTH INFORMATION RIGHTS

While we are required to keep records of services provided, we are also required to safeguard this information. Keystone Physical Therapy, LLC makes every effort to safeguard your privacy and your rights.

You as a health services consumer have a right to know how information about you and about services you receive may be used. You also have rights to ask for limits on the disclosures made on your behalf, and to have appropriate access to your records for review and release. You have the right to request to:

- Access, inspect and receive copies of your health care record. Keystone Physical Therapy, LLC, will charge you a reasonable cost-based fee for the cost of supplies and labor of copying.
- Amend your health record which you believe is not correct or complete. Keystone Physical Therapy, LLC is not required to agree to the amendment if Keystone Physical Therapy, LLC did not create the information or if it is correct or complete.
- Obtain an accounting of disclosures of your health information. This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.
- Communication of your health information by alternative means (e.g. email) or at alternative locations (e.g. post office box).
- Request restrictions or limitations on the health information we use or disclose about you. In most cases, Keystone Physical Therapy, LLC is not required to agree to these additional restrictions, but if Keystone Physical Therapy, LLC does abide by the agreement, (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). Keystone Physical Therapy must comply with a request to restrict the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations if the PHI pertains solely to a health care item for service for which we have been paid out of pocket in full.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Obtain a copy of your health information in paper or a machine readable electronic format.
- Request a paper copy of this Notice. You have the right to a paper copy of the Notice of Privacy Practices even if you have agreed to receive the Notice electronically.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

Based on legal regulations and ethical guidelines, Keystone Physical Therapy, LLC will only disclose information about you to persons or organizations outside of our clinic in a limited number of situations:

- With your written and specific permission (consent).
- If required to do so by certain specific court orders, subpoenas, or Workers' Compensation inquiries.
- In cases where laws require reporting for protection, such as significant danger to self or others, child, or elder abuse or neglect.
- When confidential audits are lawfully conducted by governmental or insurance oversight agencies (such as for clinic licensing).
- When an emergency requires immediate communication with appropriate persons in order to secure appropriate help or treatment: in these situations, the minimum disclosure necessary to secure services will be provided.
- In order to bill for services provided by Keystone Physical Therapy, LLC. Payers are typically insurance companies or other responsible parties. Billing services and insurance companies are also bound by HIPAA and other governmental agencies.
- When a client in treatment is transferred or completes treatment, follow-up contact is required by stature.
- Note: when the client is a minor, privacy rights belong to the parents, except in certain situations. Please discuss age-related rights with your therapist.
- We never share you information unless you give us written permission for marketing purposes or sale of your information.

Based on legal regulations and ethical guidelines, Keystone Physical Therapy, LLC therapists will use or disclose your PHI within the clinic:

- To provide services to you, including: Consultation and coordination of services among personnel and professional consultants (as appropriate), in order to aid in diagnosis, assessment and treatment planning, and in facilitation of ongoing treatment, with professional supervision as required by law.
- To maintain business records, as required legally and ethically. We maintain client records in file folders, kept in locked file cabinets, and are destroyed by shredding after they have been held as required by law (and not less than seven years after client discharge). Keystone Physical Therapy, LLC also maintains records on computer, respecting legal and ethical privacy guidelines.
- To share and discuss with you your PHI as contained in clinic records, with a prior written request; also, you may update or correct (add to) your PHI as needed. State law does provide some restrictions on these rights (when judged to be in your best interest)
- Examples of other situations that might involve disclosure: Consultation regarding emergency planning, defense of lawsuits, or processing of grievances or you bringing a friend with you during therapy sessions.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- Provide you with the Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the Notice currently in effect.
- Notify you in writing if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Consent: Your signature indicates that you are aware of the collection and storage of treatment, payment and other health care information, and that you consent to its use in the course of services provision, billing and collection procedures, and within Keystone Physical Therapy, LLC, as discussed above. This form has no expiration date, unless amended or revoked. You may revoke this consent with written notice at any time, except to the extent that it has already been acted upon.

If you believe your privacy rights have been violated, you can file a written complaint with Keystone Physical Therapy LLC's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the address. There will be no retaliation for filing a complaint with either the Privacy Officer of the Office for Civil Rights.

You may restrict the released information and its use, as indicated on the appropriate form, or restrict its use with Keystone Physical Therapy, LLC, but doing so may legally or ethically compromise our ability to provide you with therapy services. We may therefore determine that we are unable to provide those services in good faith.

Keystone Physical Therapy, LLC reserves the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, such revised Notices will be made available to you.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Name: _____ Medical Record #: _____

I have been given a copy of Keystone Physical Therapy, LLC's Notice of Privacy Practices, which describes how my health information is used and shared. I understand that Keystone Physical Therapy, LLC has the right to change this Notice at any time. I may obtain a current copy by contacting the Clinic Privacy Officer, or by visiting Keystone Physical Therapy, LLC's web site at: www.keystonept.com

My signature below acknowledges that I have been provided with a copy of the
Notice of Privacy Practices:

Signature of Patient or Personal Representative

Date

Print Name

For Clinic Use Only: Complete this section if you are unable to obtain a signature.

If patient is unable or unwilling to sign this Acknowledgement, or the Acknowledgement is not signed for any other reason, state the reason:

Completed by:

Signature of Clinic Representative

Date

Print Name