



COAST PHYSICAL THERAPY

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. PLEASE REVIEW IT CAREFULLY.

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices.

1. **OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU.** The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." We are required by law to: maintain the privacy of PHI about you; give you this notice of our legal duties and privacy practices with respect to PHI; and comply with the terms of our Notice of Privacy Practices that is currently in effect.
2. **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.** 1) **TREATMENT:** We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a physician. 2) **PAYMENT:** We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services to you, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care of services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain

payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. 3) **HEALTH CARE OPERATIONS:** We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care. If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider.

We may also disclose PHI for the health care operations of an "organized health care arrangement" in which we participate.

OTHER USES AND DISCLOSURES WE MAKE WITHOUT YOUR WRITTEN AUTHORIZATION.

1) We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI.

2) We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are not present or you are unable to consent or object, we may exercise profession judgment in determining whether the use or disclosure of PHI is in your best interests.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

REQUIRED BY LAW: We may use and disclose PHI as required by federal, state, or local law

LAWSUITS AND OTHER LEGAL PROCEEDINGS: We may use or disclose PHI required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas or other legal process.

WORKERS' COMPENSATION: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

3) YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU. Under federal law, you have the following rights regarding PHI about you:

- (i) **Right to Request Restrictions:** You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations.
- (ii) **Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location.
- (iii) **Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain, including medical and billing

records. To inspect and copy PHI please contact our Privacy Officer. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, supplies and postage (if mailed) used in meeting your request.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to receive a paper copy of the Notice at any time.

4) COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with us or to the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official. If you have a complaint against a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1-888-419-3456 (Press #2) or write to the address below:

AGENCY FOR HEALTH CARE ADMINISTRATION
CONSUMER SERVICES UNIT
P.O. BOX 14000
TALLAHASSEE, FL 32317-4000

Effective Date: April 14, 2003