

The 1996 Health Insurance Portability and Accountability Act (HIPAA) is a Federal law that gives you, the patient, rights over your health information and sets rules and limits on who can look at and receive your health information. Health care providers abiding by this Privacy Rule are required to protect your health information and follow HIPAA's guidelines on how to safeguard the confidentiality of your health information as well as how and when to use and/or disclose your protected health information (PHI).

According to the Privacy Rule, your PHI is your "individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral." Your PHI includes demographic data that identifies you and relates to:

- your past and present medical conditions
- the provision of health care treatment to you
- payment for the provision of health care to you.

ABIY PHYSICAL THERAPY & REHAB LLC is committed to protecting your health information as required by HIPAA. We may only use or disclose your PHI as required by law or permitted by the Privacy Rule or as authorized in writing by you or your legal representative. We are permitted to use or disclose your PHI, without your authorization, when required by law and for the purposes of treatment, payment and health care operations. These instances are defined as follows:

- *Treatment* relates to the provision of treatment and care coordination including communications with other health care providers involved in your care. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, we would disclose your PHI, as necessary, to your referring Physician, your primary Doctor or a Specialist you have been referred to. This will ensure that the concerned physician has the necessary information to diagnose and treat you or follow your progress.
- *Payment*: your PHI will be used, as deemed necessary, to receive payment or obtain reimbursement for services provided to you. Generally, health plans require the patient's PHI to approve treatment and pay for it.
- *Health Care Operations* We may use or disclose, as-needed, your PHI in order to support the business aspects of our Physical Therapy practice. These business activities include, but are not limited to, quality assessment and improvement, employee training and competency assurances, medical review and audits. In addition, we may use or disclose your PHI, as necessary, to contact you by phone, mail or email to remind you of your appointment, inform you about treatment options or other health-related services.
- *As required by Law (including court orders, court-ordered-warrants, subpoenas)*: your PHI may be disclosed to federal, state or local government authorities, including public health entities and law enforcement officials, that are authorized by law to collect or receive such information. These include but are not limited to entities such as the Center for Disease Control, the Food and Drug Administration, the Department of Health and Human Services, a Health Oversight agency, a Court, national security and intelligence institutions. Also, if your injury or illness is work-related, your PHI may be released to workers' compensation and comparable programs. For work-related illness/injury or workplace related medical surveillance, your employer may request and obtain your PHI because such information is needed by your employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA) or similar state law.

ABIY PHYSICAL THERAPY & REHAB LLC may, with your informal consent, also disclose your PHI to your family or any other person(s) (such as friends or relatives) identified by you as directly involved in your care or payment for your care. In addition, using our professional judgment, we may disclose a patient's PHI if the individual is incapacitated or underage, in an emergency situation, or not available and where the use or disclosure of PHI is determined in the best interests of the patient.

Other permitted and required uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing or can object to such disclosures unless required by law or except to the extent that we already took action based on your expressed consent.

You have certain rights with respect to your PHI. These include:

- The right to access, review and obtain copy your PHI. However, under federal law, you may not inspect or obtain copy of records such as psychotherapy notes, information compiled for legal proceedings, and information that is subject to law that prohibits access to PHI. In addition, in situations where it is believed that access to your confidential health information could cause harm to you or another person, you may be denied access. Please note that you have the right to have such denials reviewed by another licensed health care professional for a second opinion. We may charge for the cost of copying and postage.
- The right to request a restriction on the use and disclosure of your PHI. You may ask or put restrictions on the kind of disclosures we make to family members or other persons identified by you as being involved in your health care or payment for your care. You may also request that we restrict use or disclosure of your PHI for treatment, payment or health care operations purposes. However, we are under no obligation to agree to such requests for restrictions. But if we do, we must comply with the agreed restrictions, except your PHI is needed for the purposes of treating you in a medical emergency.
- The right to request and receive confidential communications by alternative means or at an alternative location. For example, you may request to receive your PHI at a designated address or phone number other than your home address or phone number.
- The right to obtain a copy of this Notice of Privacy.
- The right to receive an accounting of disclosures we have made outside those for treatment, payment, health care operations, you, your personal representative or persons involved in your care or payment for your care, as well as those required by legal and security entities and deemed confidential.
- The right to have your PHI amended if you believe there are errors or omissions. In the event your request is denied for any reason, we will give you a written notice and allow you to submit a statement of disagreement for inclusion in the record.

We are required by law to maintain the privacy of your PHI, provide you with a notice of privacy practices and abide by the terms of the current notice. However, we reserve the right to change the terms of this notice and notify thereof.

If you have any complaints or believe your privacy rights have been violated by us, you may file oral or written complaint with our HIPAA Compliance Officer in person or by phone at:

ABIY PHYSICAL THERAPY & REHAB LLC  
801 Wayne Avenue, Suite # G-100  
Silver Spring, MD 20910  
Tel. 301328 0664, Fax. 301 328 0713  
Email: Abiytherapy@gmail.com

You may also contact the Health and Human Services Department to obtain more information about HIPAA or file a complaint at the following address:

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free: 1-877-696-6775

Please print your full name and sign below to acknowledge receipt of this Notice of Privacy.

\_\_\_\_\_  
Name of Patient or Legal Guardian

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

