



## 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.**

- 1) Uses and Disclosures:** Your Protected Health Information (PHI) is information that identifies you and that relates to your past, present or future physical condition, the care provided, or the past, present or future payment for your health care. LLPT will use your PHI for the purposes of treatment, payment and health care operations and to contact you when needed.

**Treatment** includes the disclosure of health information to other providers who have referred you to LLPT for services, are involved in your care, or to a provider to whom LLPT is referring you for further care.

**Payment** includes the disclosure of health information to your insurance company so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was medically necessary.

**Health Care Operations** includes the utilization of your records to monitor the quality of care being given in this clinic or for business planning purposes.

**Contact information** may be used to contact you by phone (for example to remind you of appointments or for scheduling purposes), email or mail (for example to send a billing invoice).

### **Uses and Disclosures Required by Law**

The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: LLPT may share some of your PHI with a family member or friend involved in your care if you do not object, we may use your PHI in an emergency situation when you may not be able to express yourself, and we may use or disclose your PHI for research purposes if LLPT is provided with very specific assurances that your privacy will be protected. We will also disclose your PHI when required to do so by law, for example by court order or subpoena. Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions. We may use and disclose health information about you to avert a serious threat to your health or safety or the health or safety of the public or others. If you are in the Armed Forces, we may release information about you when it is determined to be necessary by the appropriate military command authorities. LLPT may also release information about you for workers' compensation or other similar programs that provide benefits for work-related injury or illness.

Your authorization is required before your PHI may be used or disclosed by us for other purposes.

## 2) Your Privacy Rights

**Restrictions:** You have the right to request restrictions on how your PHI is used. LLPT is not legally required to agree with your request. Make your request to LLPT in writing and we will provide you with written notice of our decision regarding your request.

**Confidential Communications:** You have the right to request that we communicate with you about health matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. This request must be made in writing.

**Access to PHI:** You have the right to look at or request a copy of your medical record. You must make this request in writing, and LLPT may charge a fee to cover the costs of copying and mailing.

**Amendments:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. In your request for the amendment, you must give a reason for the amendment. LLPT is not required to amend your record, but a copy of your request will be added to your record if you direct us to file it.

**Accounting of Disclosures:** You have the right to receive a list of instances when LLPT has disclosed your health information. These disclosures do not include disclosures made for treatment, payment, or health care operations or when you have authorized the use or disclosure.

**Complaints:** If you are concerned that we have violated your privacy rights or you disagree with a decision made about access to your records, you may file a complaint to LLPT in writing without fear of retaliation. Your complaint should contain enough specific information so that LLPT may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may also contact the Secretary of Health and Human Services:

Office for Civil Rights  
U.S. Department of Health & Human Services  
2201 Sixth Avenue - Mail Stop RX-11  
Seattle, WA 98121  
(206) 615-2290; (206) 615-2296 (TDD)  
(206) 615-2297 FAX

**LLPT has a Duty to Protect Your Privacy:** We are required by law to comply with the federal health information privacy regulations by maintaining the privacy of your PHI. These rules require LLPT to provide you with this document, Notice of Privacy Practices. LLPT reserves the right to update this notice and make those revisions or changes effective for PHI already in our possession, as well as for any information we may receive from you in the future. If we do update this notice at any time, you will receive a revised notice when you next seek treatment from LLPT.

### Privacy Contact

For more information on our privacy practices or to file a complaint: Lone Lake  
Physical Therapy, LLC  
PO Box 260  
Langley, WA 98260