



Notice of Privacy Practices

EFFECTIVE DATE: AUGUST 01, 2022

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.

This notice describes Foothills Physical Therapy Group's privacy practices and how medical information about you may be used or disclosed and how you can obtain access to the information. We will share protected health information of patients as necessary to carry out treatment, payment, and healthcare operations as permitted by law. Only the minimum amount of information required will be shared.

We understand that information about you and your health care is personal and we are committed to protecting your health information. We are also required by law to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to that information. Foothills Physical Therapy Group creates a record of the care and services that you receive from us. This information is recorded in order to provide you with quality care and comply with legal requirements. This notice applies to all of your records created or maintained by our practice. This notice also outlines your rights to your health information, and describes certain obligations that Foothills Physical Therapy Group has regarding the use and disclosure of your health information. We are required by law to notify you if there is a breach of your PHI by us or by one of our Business Associates.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information will fall within one of these categories.

For Treatment: We may make uses and disclosures of your PHI to provide you with health care treatment or services. For example, information obtained by a physical therapist or other health care practitioner will be recorded in your record and will be used to determine your plan of care. This information may be provided to your physician or other healthcare professionals to assist in treating you.

For Payment: We may make uses and disclosures of your PHI as necessary for payment purposes. For instance, we may forward information regarding your therapy treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

For Health Care Operations: We may use and disclose your PHI as necessary, and as permitted by law, for our health care operations. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

For Participation in an Organized Health Care Arrangement: We participate in the University Health Network ("UHN") and Vanderbilt Health Affiliated Network ("VHAN") Organized Health Care Arrangement and may use or share your PHI as part of our participation in that arrangement. Both UHN and VHAN are also covered entities who will appropriately safeguard the privacy of your information.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as billing, patient communications, auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Family and Friends Involved in Your Care: With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Appointments and Treatment Communications: We may contact you to provide appointment reminders or to answer your questions about your health or treatment. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voicemail or sent to a particular address, we will accommodate reasonable requests. You may change your preferences at any time by sending your request in writing to the Privacy Officer.

Treatment Alternatives/Health Services Communications. We may contact you to provide information about treatment alternatives or health-related benefits and services that may be of interest to you. If you'd rather not receive such information, you may opt-out of such communications by sending your request in writing to the Privacy Officer.

Research: In limited circumstances, we may use and disclose your PHI for research purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Other Uses and Disclosures: We are permitted or required by law to make certain other uses and disclosures of your PHI without your consent or authorization.

-Required by Law: We may release your PHI for any purpose required by law; We may release your PHI if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;

-Public Health Activities: We may release your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;

-Suspected Abuse and Neglect: We may release your PHI as required by law if we suspect child abuse or neglect; we may also release your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;

-Product Recalls: We may release your PHI to the Food and Drug Administration, if necessary, to report adverse events, product defects, or to participate in product recalls;

-Employer Request: We may release your PHI to your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer;

-Court Order: We may release your PHI if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;

-Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

-Law Enforcement: We may release your PHI to law enforcement officials as required by law to report wounds and injuries and crimes;

-Coroner: We may release your PHI to coroners or funeral directors consistent with law;

-Military and Veterans: We may release your PHI if you are a member of the military as required by armed forces services; we may also release your PHI, if necessary, for national security or intelligence activities;

-Worker's Compensation: We may release your PHI to workers' compensation agencies, if necessary, for your workers' compensation benefit determination.

-National Security and Intelligence Activities: We may release health information about you to an authorized federal official(s) for intelligence, counter-intelligence and other national security activities authorized by law.

-Protective Services for the President and Others: We may disclose health information about you to authorized officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

-Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

RIGHTS THAT YOU HAVE

Access to Your PHI: You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. You may also request a summary of PHI requested in lieu of copies of your medical records. We may charge you a reasonable fee if you request a copy of the information or a summary, and you will be notified of such fee in advance. We will also charge for postage if you request a mailed copy. You may obtain an access request form from our office or by contacting the Privacy Officer. We may deny your request to inspect and

copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amendments to Your PHI: You have the right to request in writing that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from our office or by contacting the Privacy Officer.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person/entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for our practice
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

Accounting for Disclosures of Your PHI: You have the right to an accounting of any disclosures of your health information we have made, except for uses and disclosures related to treatment, payment, others with your permission and our health care operations, as previously described. To request this list of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period that may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Restrictions on Use and Disclosure of Your PHI: You have the right to request restrictions on certain of our uses and disclosures of your PHI for treatment, payment, or health care operations on the consent form you sign when you become a patient. For example, you could ask that we do not disclose information to your spouse regarding your treatment. Unless the request is to restrict disclosures to your health plan and you agree to pay out of pocket in full for all services provided, we are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. If you have paid for a health care item or service in full, out of pocket, we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or operations. To request a restriction, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction to sending such termination notice to the Privacy Officer.

Fundraising: We generally do not participate in fundraising with our patient information. Should Foothills Physical Therapy Group participate in fundraising activity, you have the right to opt out of any communications to you for fundraising purposes.

Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Paper Copy of This Notice: You have the right to obtain a paper copy of this notice at any time. To obtain a copy please request it from the Clinic Front Office Clerk or our Privacy Officer. This notice is also posted on our website at www.Foothillspt.us

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the organization's Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer at: Foothills Physical Therapy Group, 221 W Young High Pike Knoxville TN 37920. Phone 865.573.6458. Email: Info@Foothillspt.us

As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. We will be glad to provide you a copy upon request.



Designated Individuals Authorization Form

I hereby authorize the designated parties below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations related to treatment and payment.

Name, Relationship, Contact Number

Name, Relationship, Contact Number

Name, Relationship, Contact Number

Notice of Privacy Practices Acknowledged

I have been given an opportunity to review, ask questions about and I understand Foothills Physical Therapy Group's Notice of Privacy Practices. (see copy attached, and also available on our website and at the front desk)

Patient or Legal Guardian's Signature. First, Last Name

Date