



Notice of Privacy Rights Physioforce, LLC

THIS NOTICE PROVIDES INFORMATION ON HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

The *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule") establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights ("OCR") has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

If you have questions about this notice or would like to file a privacy-related complaint please contact us at:

Physioforce, LLC
6285 Promler Street NW
North Canton, Ohio 44720
Phone: (330) 307-8648
Email: Rmonti07@jcu.edu

About this notice:

Physioforce, LLC is committed to protecting your medical information. This notice will provide you information on how your medical information may be used, disclosed, and your rights to this information. By law, Physioforce, LLC is required to maintain privacy of all your medical information, give you this notice concerning our legal duties, and notify you if a breach of this information becomes unsecured. This privacy notice will be followed by all health care professionals, personnel, students, and staff associated with Physioforce, LLC.

Physioforce, LLC may use or disclose your medical information in the following ways:

Concerning operational definitions, "use" of medical information means sharing, accessing, or analyzing medical information at Physioforce, LLC. A "disclosure" of your medical information means sharing, releasing, or giving access to your medical information to a person or company outside of Physioforce, LLC.

Treatment: Physioforce, LLC may use or disclose your medical information to give you medical care in the form of physical therapy. For example, we may use your medical information to provide the necessary treatment for an injury. We may also share this medical information to other people involved in your care, such as your referring physician for physical therapy. If this is a direct-access case for physical therapy, by state law and with your permission we are required to notify a physician under your care within 5 business days that you are receiving physical therapy and if no progress is made within 30 days then we must refer to the appropriate physician.

Payment: We may use or disclose your medical information to bill and be paid for your treatment. For example, we may give your health insurer information about your treatment so your insurer can pay for it. If a bill is past due, we may give your medical information to a collection agency to aid with obtaining collection of payment

Health Care Operations: We may use or disclose your medical information for health care operations purposes concerning quality care and management. We may use your medical information to check how well our staff cared for you. For educational purposes we may disclose information to student physical therapists.

Appointment: We may use and disclose your medical information to contact you to make appointment or for appointment reminders. You have the right to request on how you would like to be contacted: through mail, phone, electronic email, or other means that you find suitable.

Individuals Involved in Your Care or Payment for Your Care: We may disclose medical information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. You have the right to ask that this information only be disclosed to particular parties.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your medical information in a response to a court or administrative order. Under certain circumstances, we also may disclose medical information in response to a subpoena or discovery request by someone else involved in a dispute.

Personal Representative: If you have a personal representative, such as a legal guardian, we will treat that person the same as you with respect to disclosures of your medical information. If you die, we may disclose medical information to an executor or administrator of your estate to the extent that person is acting as your personal representative.

Research: Under certain circumstances, we may use or disclose your medical information for research purposes. This will only occur with your written consent to use this information in this manner and you have the right to deny your medical information not be used for these purposes.

As Required by Law: We will disclose your medical information when required to do so by international, federal, state or local law.

Public Health Purposes: We may disclose medical information for public health purposes, such as reporting communicable diseases, child abuse or neglect, elder abuse/neglect/exploitation.

Workers' Compensation: We may disclose medical information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Law Enforcement: We may disclose medical information to law enforcement officials. Some examples include valid court orders, subpoena or search warrant; identify/locate a fugitive/missing person; or to report a crime committed on Physioforce, LLC premises.

Your Medical Information Rights: The records we maintain about your health care are the property of Physioforce, LLC. To protect your privacy, we may check or confirm your identity and authority of anyone who asks to review or copy your medical information. You will have the right to inspect or copy your medical information. We may charge a reasonable fee to make copies. Upon your review of such stated information you may request amendment of inaccurate information.

If at any time there is a breach of your medical information we are required to notify you by first-class mail or email. A breach is any unauthorized acquisition, access, use, or disclosure of certain categories of medical information that compromises security or privacy of medical information