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## Notice of Privacy Practices

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This notice describes how NeuroFit Wellness & Physical Therapy, LLC (“Practice”) may use and disclose your medical information. It also explains how you can get access to this information. Please review it carefully.

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### PRIVACY PRACTICES IN SUMMARY

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**Patient Rights:** You have the following rights.

- Get a copy of your paper or electronic medical record.
- File a complaint if you believe your privacy rights have been violated.
- Get a list of those with whom we’ve shared your information.
- Request that we use only confidential communication methods with you.
- Correct your paper or electronic medical record.
- Ask us to limit the information we share about you.
- Get a copy of this Notice of Privacy Practices.
- Choose someone to act on your behalf.

**Patient Choices:** You have choices about how we use or share your information.

- If we assist with the provision of mental health care services.
- If we sell your information.
- If we provide disaster relief services.
- If we tell your family or friends about your conditions.
- If we market our services.

**Our Uses and Disclosures of Your Information:** We may use or share your information when we conduct these activities:

- Help with public health and safety issues.
- Address workers’ compensation requests.
- Respond to lawsuits and legal actions.
- Address law enforcement or other government requests.
- Comply with the law.
- Conduct research.
- Treat you.
- Bill you or a third party for our services

## PRIVACY PRACTICES IN DETAIL

**Detailed Patient Rights:** You have certain rights. This section explains some of your rights and some of our related responsibilities.

<p><i>You may:</i> <b>Obtain an electronic or paper copy of your medical record.</b></p>	<p>You may ask us to see or obtain an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. Under most circumstances, we will provide you with a copy or a summary of your health information within 30 days of your request. We may charge a reasonable, cost-based fee.</p>
<p><i>You may:</i> <b>Ask us to correct the information in your medical record.</b></p>	<p>You may ask us to correct health information in your record that you believe is incorrect or incomplete. Ask us how to do this. If we deny your request, we will provide you a written explanation for that denial within 60 days.</p>
<p><i>You may:</i> <b>Request confidential communications from us.</b></p>	<p>You may ask us to contact you in a specific way (e.g., cell phone only), or to send mail to a different address (e.g., a friend's home). We will comply with all reasonable requests.</p>
<p><i>You may:</i> <b>Ask us to limit what information we use or share.</b></p>	<p>You may ask us to refrain from using or sharing certain health information for your treatment, in our operations, or to obtain payment for our services. We are not required to comply with your request, and we may decline your request if we reasonably believe that it would affect your care.</p>
<p><i>You may:</i> <b>Request a list of those with whom we have shared information about you.</b></p>	<p>You may request a list (called an <i>accounting</i>) of the times that we have shared your health information for the six years prior to the date of your request. The accounting will include the recipient and reason your information was shared. We will include all disclosures except for those relating to treatment, payment, healthcare operations, and certain other disclosures (e.g., those you asked us to make). We will provide you with one accounting per year at no cost, but we will charge a reasonable, cost-based fee if you request another within 12 months.</p>
<p><i>You may:</i></p>	<p>You may request a paper copy of this notice at any time, even if you have agreed to receive the notice</p>

Request a copy of this Notice of Privacy Practices.	electronically. We will provide you with a paper copy promptly.
<i>You may:</i> Choose someone to act on your behalf.	If you have given someone your medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will verify that this person has this authority and can act for you before we take any action.
<i>You may:</i> File a complaint if you feel your privacy rights are violated.	You may complain to our Privacy Officer, Dr. Karla F. Moore, DPT, OCS, if you believe we violated your rights. You may also file a complaint by sending a letter to:  U.S. Dept. of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 You may also call (877) 696-6675 or visit <a href="http://www.hhs.gov">www.hhs.gov</a> . We will not retaliate against you for filing a complaint.

**Detailed Patient Choices:** You have some choices about how we use and disclose your information. If you have a clear preference for how we share your information in the situations described below, please discuss that with us so we may respect your wishes.

In these situations, you have a right and a choice to instruct us as to how you'd like us to: (1) Share information with your family or others involved in your care; and (2) share information as we respond to a disaster relief situation. *If you cannot tell us your preference (e.g., if you are incapacitated), we may share your information as we believe is in your best interest. We may share your information when it is necessary to lessen a serious and imminent threat to health or safety.*

In other situations, however, we will never share your information unless you provide us with your written permission:

- When we seek to use your information for our marketing purposes.
- When we seek to sell your information.
- When we seek to share any psychotherapy notes or HIV-related information from your record. (Although we do not provide mental healthcare or HIV-related services, such information might be included in records shared from your other providers.)

**Detailed Uses and Disclosures by our Practice:** The most common ways we use or share your health information include when we:

<b>Treat you.</b>	We can use your health information and share it with other professionals who are treating you.
<b>Operate our practice.</b>	We can use and share your health information to run our practice, improve your care, and contact you.
<b>Bill for our services.</b>	We can use and share your health information to bill and obtain payment from health plans or other entities (although we are not currently contracted with any health plan).

The less common ways we use or share your health information include when we:

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| <ul style="list-style-type: none"> <li>• Report suspected abuse, neglect, or domestic violence.</li> <li>• Assist with public health and safety issues.</li> <li>• Conduct research.</li> <li>• Support government functions such as military, national security, and presidential protective services.</li> <li>• Comply with state or federal laws.</li> <li>• Respond to workers' compensation claims.</li> <li>• Support health oversight agencies' activities as authorized by law.</li> <li>• Assist with product recalls.</li> <li>• Respond to court or administrative agency orders or subpoenas.</li> </ul> | <ul style="list-style-type: none"> <li>• Report adverse medication reactions.</li> <li>• Prevent or reduce a serious threat to anyone's health or safety.</li> <li>• Prevent disease.</li> <li>• Contribute to the public good or assist with public health and research.</li> <li>• Demonstrate to the Department of Health and Human Services that our practice is compliant with federal privacy laws.</li> <li>• Respond to law enforcement requests.</li> <li>• Respond to lawsuits and legal actions.</li> </ul> |
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We must comply with several conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Detailed Practice Responsibilities

The law requires us to maintain the privacy and security of your protected health information. We will alert you promptly if a breach occurs that may have compromised the privacy or security of your information. We must comply with the duties and privacy practices described in this notice, and we must offer you a copy of this document. We will not use or share your information, other than

as described here, without your express written permission. If you authorize a use or disclosure of your information, you may revoke that authorization in writing at any time.

For more information, visit HHS' website at [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **About This Notice**

- This notice is effective on April 5, 2018.
- Our Chief Privacy Officer is Dr. Karla F. Moore, DPT, OCS
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.