



## Rebound Physical Therapy's Notice of Privacy Practices

Effective Date: January 1, 2019

***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.***

### **ABOUT THIS NOTICE**

Rebound Physical Therapy is committed to protecting your health information. This Notice of Privacy Practices ("Notice") is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as revised in the 2013 HIPAA Omnibus Rule. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or physical therapy/health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights and our duties with respect to your protected health information. This Notice applies to all Rebound Physical Therapy locations that provide therapy and related services.

"Protected health information" is information about you that may identify you and that relates to your past, present or future physical or mental health/condition and related physical therapy/health care services. We must follow the privacy practices that are described in this Notice while it is in effect. If you have any questions about this Notice, please contact our Privacy Officer, Timothy Hennessey-Crowell, @508-651-0051 or email [thennessey-crowell@rebound-pt.com](mailto:thennessey-crowell@rebound-pt.com).

### **Your Rights**

You have the following rights regarding health information we maintain about you. This section explains your rights and how to exercise them. You have the right to:

#### **Ask Us to Restrict What We Use or Share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to these requests. For example, we may deny if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Requests will be honored unless a law requires us to share that information.

#### **Request Confidential Communications**

- You can ask us to contact you in a specific way (for example your work phone) or to send mail to a different address. We will honor all reasonable requests.

#### **Obtain an Electronic or Paper Copy of Your Medical Record.**

- You can ask to inspect or get an electronic or paper copy of your medical record and other health information we maintain about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask Us to Correct or Amend Your Medical Record**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may deny your request, but we will inform you in writing, usually within 60 days of your request. To request an amendment your request must be made in writing, submitted to the Privacy Officer.

#### **Obtain a List of Those With Whom We've Shared Your Information**

- You can ask us for a list (accounting) of the instances we have shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked us to make or other authorized disclosures). We will provide one accounting per year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. To request this list of disclosures, you must submit your request in writing to the Privacy Officer.

#### **Obtain a Copy of This Privacy Notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.



- We will provide you with a paper copy promptly.

#### **Choose Someone to Act for You**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person (your “personal representative”) can exercise your rights and make choices about your health information.
- If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to verify that the person has the authority and can act for you before we take any action.

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

#### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, the effective date. In addition each time you register for treatment or health care services, we will offer you a copy of the current notice in effect. This notice is also available at [www.rebound-pt.com](http://www.rebound-pt.com).

#### **You May File a Complaint**

If you believe your privacy rights have been violated or you have questions regarding this notice please contact the Privacy Officer at 508-651-0051 or email [thennessey-crowell@rebound-pt.com](mailto:thennessey-crowell@rebound-pt.com). You may also file a complaint with the Office of Civil Rights US Department of Health and Human Services by sending a letter to 200 Independence Ave. S.W., Washington, D.C 20201, call 1.877.696.6775 or visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). Filing a complaint will not affect the treatment or services you receive. Please contact us to exercise any of the above items using the information at the end of this Notice. You may have to complete a form and submit your request in writing. For example, to request an amendment of your record you must fill out a form.

#### **HOW REBOUND MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made.

##### **1. Treatment**

We may use and disclose your protected health information to provide, coordinate, or manage your physical therapy treatment and any related services. We may also disclose your protected health information to other third party providers involved in your physical therapy/health care. For example, your protected health information may be provided to a physician or other physical therapy/health care provider (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other physical therapy/health care provider has the necessary information to diagnose or treat you.

##### **2. Payment**

We may use and disclose your protected health information so that the treatment and health care services you receive may be billed to you, your insurance company, a government program, or third party payers. This may include certain activities that your health insurance plan may undertake before it approves or pays for the physical therapy/health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may provide your health plan with medical information about the physical therapy/health care services Rebound Physical Therapy rendered to you for reimbursement purposes. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the cost of treatment.

##### **3. Physical Therapy/Health Care Operations**

We may use and disclose your protected health information for physical therapy/health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use your protected health information to review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physical therapy, physicians, nurses, technicians, medical students, and other personnel for educational and learning purposes. We may use your health



information to contact you at the address and telephone number(s) you provide (including leaving a message at the telephone numbers) about scheduled or cancelled appointments, registration/insurance updates, billing and/or payment matters.

#### **4. Treatment Communications**

We may provide treatment communications concerning treatment alternatives or other health related products or services. For communications for which we or a business associate may receive financial remuneration in exchange for making the communication, we must obtain written authorization unless the communication is made face-to-face and/or involving promotional gifts of nominal value. If you do not wish to receive these communications please submit a written request to our Privacy Officer, Timothy Hennessey-Crowell, Rebound Physical Therapy, 203 Oak Street, Natick, MA 01760.

#### **5. Fundraising Activities**

We may use or disclose your demographic information and dates of services provided to you, as necessary, in order to contact you for fundraising activities supported by Rebound Physical Therapy. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to our Privacy Officer, Timothy Hennessey-Crowell, Rebound Physical Therapy, 203 Oak Street, Natick, MA 01760.

#### **6. Others Involved in Your Healthcare**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Also, for example, if you are brought into this office and are unable to communicate normally with your clinician for some reason, we may find it is in your best interest to give your home exercise program and other supplies to the friend or relative who brought you in for treatment. We may also use and disclose protected health information to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up your, supplies, records, or other things that contain protected health information about you.

#### **7. Required by Law**

We will disclose health information about you when required to do so by federal, state or local law. For example, your health information may be disclosed if we are required to report abuse, neglect, domestic violence or certain physical injuries. You will be notified, as required by law, of any such uses or disclosures.

#### **8. Public Health**

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. We may disclose information about you for public health activities, which generally include the following: To prevent or control disease, notify people of product recalls, report adverse reactions to medications or problems with products. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

#### **9. Business Associates**

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

#### **11. Health Oversight**

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

#### **12. Abuse or Neglect**

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

#### **13. Food and Drug Administration**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required by law.



#### **14. Legal Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

#### **15. Law Enforcement**

We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

#### **16. Coroners, Funeral Directors, and Organ Donation**

We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

#### **17. Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes, or we may contact you about research projects that you may qualify for. For example, a research project may involve comparing the health and recovery of all patients with the same condition who received the same services to those who received other services. Occasionally, you may be asked to give authorization before we share your information with others for use in research. If your information is used, the researcher must keep your information safe and confidential.

#### **18. Serious Threat to Health or Safety**

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### **19. Military Activity, Veterans and National Security**

If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your protected health information to authorized officials so they may carry out their legal duties under the law. If you are a member of the military or a veteran, we may release your health information to the proper authorities so that they may carry out their duties under the law.

#### **20. Workers' Compensation**

We may release health information about you for workers compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

#### **Other Uses of Health Information**

Other uses and disclosures of health information not covered by this notice or the laws that apply to use will be made only with your written authorization including disclosures that constitute the sale of your health information or disclosures related to marketing outside of face-to-face and promotional gifts of nominal value that are permitted under the law. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and those we are required to retain our records of the care that we provided to you.

#### **ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE**

Rebound Physical Therapy, LLC will request that you sign a separate form or notice acknowledging you have been offered a copy of this notice. If you choose, or are not able to sign, a staff member may sign his/her name and date. This acknowledgement will be filed with your records.

**If you have any questions about this notice please contact our Privacy Officer at Rebound Physical Therapy, 203 Oak Street Natick, MA 01760 or 508-651-0051 or thennesseycrowell@rebound-pt.com**