



NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability Act of 1996 (HIPAA), **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF PROVISION PHYSICAL THERAPY) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.** You have the right to a paper copy of this Notice; you may request a copy at any time by contacting our facility at [\(865\) 232-1415](tel:8652321415).

A. OUR COMMITMENT TO YOUR PRIVACY

We are dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of your PHI. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our office concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI;
- Your privacy rights in regard to your PHI;
- Our obligations concerning the use and disclosure of your PHI; and
- How you can lodge a complaint about how we handle your PHI without your approval for certain matters.

The terms of this notice apply to all records containing your PHI that are created or maintained by our center. We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that our center has created or maintained in the past, and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT:

Justine Eldridge
Privacy Officer, Director of Corporate Compliance
1400 Dowell Springs Blvd., Suite 120
Knoxville, TN 37909
justine.eldridge@provisionhp.com

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS WITHOUT YOUR EXPRESS CONSENT

We typically use and/or have your PHI in the following ways:

1. **Treatment.** We may use your PHI to treat you. For example, we might use your PHI in order to write a prescription, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our center – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others involved in your care, such as your friends or family. We may also use and disclose PHI to discuss potential treatment options or alternatives, health-related benefits or services, or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may send mail and emails to the address(es) provided to us and may leave messages on your voicemail identifying our organization and asking for you to return our call.

2. **Payment.** Our center may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as friends or family members. Also, we may use your PHI to bill you directly for services and items.

3. **Health Care Operations.** We may use and disclose your PHI to operate our business or allow other covered entities involved in your care/payment for you care to operate their business. As examples of the ways in which we may use and disclose your information for our operations, our center may use your PHI to evaluate the quality of care you received from us, to conduct cost-management, and business planning activities, or to train new employees. These uses and disclosures are necessary for our day-to-day operations and to make sure our patients receive quality care.

4. **Participation in Research Studies.** We may use or disclose your PHI to provide you with medical treatment/services related to the research studies that we conduct. We may disclose information about you to doctors, nurses, technicians, coordinators, office staff, or other personnel, whether internal or external, who help us conduct our studies. Our staff may need to know if you have health problems that could complicate your participation in or include/exclude you from participation in a research study. In addition, our staff may use your medical history to determine whether you qualify for participation in a study or other research initiative. We may also discuss your condition with other covered entities to help determine the most appropriate care for you and to make recommendations regarding your research study participation.

5. **Business Associates.** We may disclose your PHI to business associates who may use your PHI to provide certain services to our center. For example, we may contract with an outside company to perform billing services. We require our business associates to appropriately safeguard your PHI.

6. **Release of Information to Individuals Involved in your Care.** Our center may release your PHI to a friend or family member (or another similar individual) that is involved in your care or who assists in taking care of you. For example, a guardian may ask that a neighbor bring their parent or child to our center for treatment. This neighbor may have access to relevant PHI of the patient. We may also release information to other individuals involved in your payment for health services we provide to you.

7. **Disclosures Required By Law.** Our center will use and disclose your PHI when we are required to do so by federal, state or local law.

8. **Creation of De-identified Health Information.** Our center may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES WITHOUT YOUR APPROVAL

The following categories describe unique scenarios in which we may use or disclose your PHI without your consent or authorization.

1. **Public Health Activities.** Our center may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury or disability;
- Notifying a person regarding potential exposure to a communicable disease or regarding a potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled; and
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health Oversight Activities.** Our center may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general. We may use your information to report diseases to the health department.

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Effective Date of this Notice: 10/01/15 Last Updated: 12/19/19

3. **Lawsuits and Similar Proceedings.** Our center may disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute if appropriate legal requirements are satisfied.

4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct on our campus
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- If we reasonably believe you are a victim of abuse, neglect, or domestic violence.
- In an emergency and/or to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. **Serious Threats to Health or Safety.** Our center may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. **National Security.** Our center may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

7. **Disclosure for Fundraising.** Our center may disclose certain limited information to an affiliated foundation or a business associate that may contact you to raise funds for our center. You have the right to opt out of receiving such fundraising communications.

E. OTHER USES AND DISCLOSURES

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this notice, such as marketing. Any authorization you provide regarding the use and disclosure of your PHI may be revoked at any time in writing.

F. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain:

1. **Alternative Methods of Communication.** You have the right to request that our center communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work, or to send communications in a sealed envelope instead of a postcard. You may be asked to pay for additional costs incurred to comply with your request. In order to request a type of confidential communication, you must make written request to our Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

2. **Requesting Restrictions.** You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction of our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer. Your request must clearly describe:

- a) the information you wish restricted;
- b) whether you are requesting to limit our center's use, disclosure or both; and
- c) how and to whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI maintained by our center. To do so, you must submit your request in writing to our Privacy Officer. Our center may charge a reasonable fee for the costs of copying associated with your request. We may deny you access in certain limited circumstances.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is maintained by or for our center. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide us with a reason that supports your request for amendment. Our center may deny your request if you ask us to amend information that is in our opinion:

- a) accurate and complete;
- b) not part of the PHI kept by or for the center;
- c) not part of the PHI which you would be permitted to inspect and copy; or

d) not created by our center, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures," which is a list of certain disclosures that our center has made of your PHI. We are not required to list use or disclosure of your PHI as part of the routine patient care, payment, or health operations in our center for electronic records. Examples of routine patient care, payment, or health operations excluded from an accounting of disclosures include: the doctor sharing information with the nurse, the billing department using your information to file your insurance claim, appropriately disclosing your information to a business associate, and discussion of your PHI for purposes of improving our health care delivery system. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than three years for listings to include treatment and payment from electronic records, from the date of the request, and may not include dates before June 25, 2013. The first list you request within a 12-month period is free of charge, but our center may charge you for additional lists within the same 12-month period. Our center will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will take reasonable steps to make sure the person has this authority and can act for you before we will take action.

7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our center, or with the Secretary of the Department of Health and Human Services; Office of Civil Rights, 200 Independence Avenue, SW, Washington, D.C., 20201, or phone (202) 619-0257 or toll free (877) 696-6775. To file a complaint with our center, contact: Privacy Officer, Provision Physical Therapy, 1400 Dowell Springs Blvd., Suite 120, Knoxville, TN 37909. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

This Notice of Privacy Practices was created: 10/01/2014

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