

Kinetic Physical Therapy, LLC

♦ 4828 California Ave. SW ♦ Seattle, WA 98116 ♦ Ph 206-632-0163 ♦ Fax 206-932-2353 ♦

Notice of Privacy Practices

Use and Disclosure of Your Protected Health Information Without Your Authorization

Here are some examples of how we may use and disclose protected health information without your authorization.

Treatment. We use and disclose your health information to provide treatment. For example:

- Your physician may use your information to determine whether specific diagnostic tests, therapies, and medications should be ordered.
- Physical Therapists or students may need to know and/or discuss your health problems to carry out treatment and to understand how to evaluate your response to treatment.
- We may disclose your health information to another one of your treatment providers in the community, unless the provider is not currently providing treatment to you and you direct us in writing not to make the disclosure.

Payment. We may use your health information for payment purposes. For example:

- We may use your information to prepare claims for payment for services.
- If you have health insurance and we bill your insurance directly, we will have to include information that identifies you, as well as your diagnosis and procedures so that we can be compensated for the treatment provided. However, we will not disclose your health information to a third-party payor without your authorization except when allowed by law.

Health Care Operations. We may use and disclose your health information to carry out health care operations. For example, we use and disclose health information from patients to monitor and improve our services. Also, authorized staff may look at portions of your record to perform administrative activities.

Train Staff and Students. We may use and disclose your information to teach and train staff and students. One example of this is when a physical therapist reviews patient health information with physical therapy students.

Contact You for Information. Your health information may also be used to contact you (for example, by calling you, emailing you or sending you a letter) to remind you about appointments or advise you about other services provided at Kinetic Physical Therapy, LLC.

Use and Disclosure When You Have the Opportunity to Object

Facility Directory. Unless you object, you will be included in our Facility Directory. This information is limited to your name, address, email address, and phone number. This directory is used to notify you of new services provided or to send you greetings, or make reminder calls.

Use and Disclosure that Requires Your Authorization

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. If you provide us with written authorization, you may revoke that authorization at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization or the law prohibits revocation.

Your Individual Rights Regarding Patient Health Information

You have specific individual rights as to the use and disclosure of your protected health information.

Contact us regarding your health information at:

Kinetic Physical Therapy, LLC

c/o Fawn Coussens, MSPT

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Your specific rights are listed below:

- **The right to request restricted use:** You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when specifically authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you make your request to Kinetic Physical Therapy, LLC or Fawn Coussens, MSPT, you will be provided with written notice of its decision regarding your request.
- **The right to receive confidential communications:** You have the right to request that we communicate with you about health matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **The right to inspect and receive copies:** In most cases, you have the right to look at order a copy of your health information.
- **The right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. In your request for the amendment, you must give a reason for the amendment. We are not required to amend your record, but a copy of your request will be added to your record if you direct us to file it.
- **The right to know about disclosures:** You have the right to receive a list of instances when we have disclosed your health information except in certain instances, such as disclosures for treatment, payment, or health care operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Each additional request within the same calendar year will require a processing fee.
- **The right to make complaints:** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with the Kinetic Physical Therapy, LLC or Fawn Coussens, MSPT.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services • Office for Civil Rights:

Office for Civil Rights

U.S. Department of Health & Human Services

2201 Sixth Avenue - Mail Stop RX-11

Seattle, WA 98121

(206) 615-2290; (206) 615-2296 (TDD)

(206) 615-2297 FAX

Privacy Notice Changes

Our Legal Duty: We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices, and to follow the privacy practices that are described in this Notice. We reserve the right to change the privacy practices described in this Notice. We reserve the to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. You may request a copy of the current Notice in effect from our office.