|  |  |
| --- | --- |
|  | 102 North Adelaide StreetSuite BFenton, Michigan 48430Phone: (810) 354-8900Fax: (810) 354-8902 |

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

**A. This Notice of Privacy Practices (Notice) applies to all information about care that you receive from: HAMILTON PHYSICAL THERAPY, LLC.**

**B. We are required to safeguard your protected health information (PHI).**

We are committed to protecting the privacy of your health information, called “protected health information” or “PHI”. PHI is information that can be used to identify you, that we have created or received about your past, present, or future health or condition, the provision of health care to you, or payment for health care provided to you. We are required to provide you with this Notice to explain our privacy practices and how, when, why we use and disclose your PHI. In general, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure, although there are some exceptions. We are legally required to follow the privacy practices described in this notice.

**C. How we use and disclose your PHI.**

We use and disclose PHI for different reasons, and some require your specific authorization. The different categories of our uses and disclosures are described below, with examples for each.

**1. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations Do Not Require Your Consent.**

1. **For Treatment.** Your PHI may be used by staff members and/or disclosed to other health care professionals (physicians, nurses, medical students and other health care personnel who provide health care services to you or who are involved in your care) for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of evaluations will be available in your medical record to all health care professionals who may provide treatment or who may be consulted by staff members.
2. **To Obtain Payment.** We may use and disclose your PHI to bill and collect payment for your health care services provided to you, from sources of coverage such as your health plan provider, automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the service provided, and the medical condition being treated.
3. **For Health Care Operations.** We may use and disclose your PHI to operate our clinic as necessary, to support the day-to-day activities and management of Hamilton Physical Therapy, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, as well as activities to improve quality.

**2. Specific Other Uses and Disclosures That Do Not Require Your Consent, wherein we may also use and disclose your PHI.**

1. **When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when the law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with gunshot and other wounds, or when ordered in a judicial or administrative proceeding. In addition, your PHI may be disclosed to government agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.
2. **For public health activities.** For example, we must report to government officials in charge of collecting specific information related to certain diseases and infections. Additionally, under Michigan law we are required to report information about patients with certain conditions, such as HIV/AIDS and cancer, to central registries; we also are required to report information about immunizations. PHI also may be disclosed to certain people exposed to communicable diseases and to employers in connection with occupational health and safety or worker’s compensation matters.
3. **For health oversight activities.** For example, we will provide information to government officials to conduct an investigation or inspection of a health care provider or organization.
4. **For research purposes.** In certain circumstances, we may use or provide PHI in order to conduct research. This research general is subject to oversight by an institutional review board. In most cases, while PHI may be used to help prepare a research project or to contact you to ask whether you want to participate in a study, it will not be further disclosed for research without your authorization. However, where permitted under federal law, institutional policy and approved by an institutional review board or privacy board, PHI may be further used or disclosed. In addition, PHI may be used or disclosed for research as “limited or de-identified data sets” which do not include your name, address or other direct identifiers.
5. **To avoid harm.** To avoid serious threat to health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen potential harm.
6. **For specific government functions.** We may disclose the PHI of military personnel and veterans in certain situations. We also may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
7. **For workers’ compensation purposes.** We may provide PHI to comply with workers’ compensation laws.
8. **To provide appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders. We may also give you information about treatment alternatives, or other health care services or benefits we offer.
9. **For fundraising activities.** We may use PHI to raise funds for our organization to support

**3. Uses and Disclosures to Which You Have an Opportunity to Object.**

1. **Patient directories**. Non-applicable.
2. **Disclosure to family, friends or others**. We may provide your PHI to a family member, friend or other persons who are involved in your care or responsible for the payment for your health care, unless you object in whole or in part.
3. **Health Information Exchanges**. We may make your PHI available electronically through health information exchanges (HIEs) to other health care providers, health plans, and health care clearinghouses. Participation in HIEs also let us see their information about you which helps us provide care to you. You have the right to opt out of participating in such efforts by contacting the person listed at the end of this Notice.

**4. Applicable Michigan Law.** Our use and disclosure of PHI must comply not only with federal privacy regulations, but also with applicable Federal and Michigan law. Michigan law and/or Federal Regulations place certain additional restrictions on the use and disclosure of PHI for mental health, substance abuse, HIV/AIDS conditions, and certain genetic information. In some instances, your specific authorization may be required.

**5. All Other Uses and Disclosures Require Your Prior Written Authorization**. In situations that are not covered by law or this Notice, we will ask for your written authorization before using or disclosing your PHI. Your authorization can be revoked in writing at any time to stop any future uses and disclosures, but it would not apply to prior disclosures made based on your initial authorization.

**D. YOUR RIGHTS REGARDING YOUR PHI.** You have the following rights with respect to your PHI.

1. **The Right to Request Restrictions on Uses and Disclosures of Your PHI.**
2. **The Right to Request Confidential Communications Involving Your PHI.**
3. **The Right to Receive Copies of Your PHI.**
4. **The Right to Get a List of the Disclosures We Have Made.**
5. **The Right to Amend or Update Your PHI.**

As permitted by federal regulation, we require that requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting our office.

**E. WHO YOU CAN CONTACT FOR INFORMATION ABOUT THIS NOTICE OR OUR PRIVACY PRACTICES**. If you have questions about this Notice or complaints about our privacy practices, or if you would like to know how to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, you can contact our office by sending a letter outlining your concerns to:

**Hamilton Physical Therapy, LLC**

102 North Adelaide Street Suite B

Fenton, Michigan 48430

**Our Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. The revised policies and practices will be applied to all protected health information that we maintain and will be available at our facility for you upon your request.