



NOTICE OF PRIVACY PRACTICES

At West Portland Physical Therapy Clinic (“WPPTC”), we understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by WPPTC, whether made by WPPTC personnel or your personal physicians and allied health practitioners.

This Notice will tell you about the ways in which WPPTC may use and disclose medical information about you, referred to below as protected health information (“PHI”). This Notice also describes your rights and certain obligations WPPTC has regarding the use and disclosure of PHI. This Notice describes WPPTC’s practices and that of: all health care practitioners who are members of WPPTC’s staff; any health care practitioner authorized to enter information into your chart; all employees, staff and other WPPTC personnel. All these persons and entities may share PHI with each other for treatment, payment or operations as described in this Notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. WPPTC may use or disclose your PHI for the purposes described in more detail below, without obtaining written authorization from you.

For Treatment. WPPTC may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These types of uses and disclosures may take place between therapists, physicians, nurses, technicians, students, and other health care professionals who provide you health care services or are otherwise involved in your care. WPPTC may also

disclose PHI about you to people outside the clinic, such as family members, clergy or others who provide services that are part of your care.

For Payment. WPPTC may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, WPPTC may need to give PHI to your health plan in order to be reimbursed for the services provided to you. WPPTC may also disclose PHI to its business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. WPPTC may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

For Health Care Operations. WPPTC may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of staff and therapists in caring for you, patient surveys, provider training, compliance and risk management activities, planning and development, and management and administration. WPPTC may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes, to help make sure WPPTC is complying with all applicable laws, and to help WPPTC continue to provide quality health care to its patients. WPPTC may also disclose PHI to other health care providers and health plans for such entity’s quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided that such entity has, or has had in the past, a relationship with the patient who is the subject of the information.

As Required by Law and Law Enforcement. WPPTC may use or disclose PHI when required to do so by applicable law and when ordered to do so in a judicial or administrative proceeding.

For Public Health Activities and Public Health Risks. WPPTC may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to

notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

For Health Oversight Activities. WPPTC may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. WPPTC may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

Research. Under certain circumstances, WPPTC may use and disclose PHI for medical research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another, for the same condition.

To Avoid a Serious Threat to Health or Safety. WPPTC may use and disclose PHI, to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

Workers’ Compensation. WPPTC may disclose PHI to comply with workers’ compensation or other similar laws. These programs provide benefits for work-related injuries or illnesses.

Appointment Reminders; Health-related Benefits and Services; Marketing. WPPTC may use and disclose your PHI to contact you and remind you of an appointment at WPPTC, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as injury management programs. WPPTC may use and disclose your PHI to make you aware of a product or service or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations. WPPTC may disclose your PHI to you or to your personal representative, and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. WPPTC must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate WPPTC's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care. Unless you object, WPPTC may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. WPPTC may also notify these people about your location or condition. In addition, WPPTC may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

OTHER USES AND DISCLOSURES. Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations, you have the right to revoke in writing. If you revoke your permission, WPPTC will no longer use or disclose PHI about you for the reasons covered in your written authorization. You understand that WPPTC is unable to take back any disclosures already made with your permission, and that WPPTC is required to retain records of the care provided to you.

REGULATORY REQUIREMENTS. WPPTC is required by law to maintain the privacy of your PHI, to provide individuals with notice of WPPTC's legal duties and privacy practices with respect to PHI, and to abide by the terms described in the Notice currently in effect. We will post a copy of the current Notice in the clinic.

RIGHTS. You have the following rights regarding your PHI:

Restrictions. You may request that WPPTC restrict the use and disclosure of your PHI. For example, you could ask that we not use or disclose information about a treatment you received. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the restrictions to apply, for example, disclosures to your spouse.

Alternative Communications. You have the right to request that communications of PHI to you from WPPTC be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your requests must be made in writing and sent to the Privacy Officer. WPPTC will accommodate your reasonable requests without requiring you to provide a reason for your request.

Inspect and Copy. Generally, you have the right to inspect and copy your PHI that WPPTC maintains, provided that you make your request in writing to the Privacy Officer. If you request copies of your PHI, we may impose a reasonable fee to cover copying and postage.

Accounting of Disclosures. You generally have the right to request and receive a list of the disclosures of your PHI we have made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosures made at your request, with your authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. You should submit any such request to the Privacy Officer. WPPTC will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of the costs of providing the list.

Right to Copy of Notice. You have the right to receive a paper copy of this notice upon request. To obtain a paper copy of this notice, please contact the Privacy Officer.

Right to File a Complaint. You may complain to WPPTC if you believe your privacy rights with respect to your PHI have been violated by contacting the Privacy Officer, 1630 SW Morrison, Suite 100, Portland, OR 97205, (503) 227-7774 and submitting a written complaint. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact the Privacy Officer, 1630 SW Morrison, Suite 100, Portland, OR 97205, (503) 227-7774 if you have questions about this Notice.

This notice originally published and became effective on April 24, 2006.

This notice revised and becomes effective on April 14, 2011.