Notice of Privacy Practices (HIPAA)

Effective Date: 01/01/2025

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.

Our Commitment to Your Privacy

At HealthWest Physical Therapy, we are committed to protecting the privacy and confidentiality of your health information. We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices (NPP), and we will notify you of any changes to this notice.

How We Use and Disclose Your Health Information

We use your health information in several ways to provide care and to meet our operational needs. These uses and disclosures include:

1. Treatment: We may use and disclose your health information to provide, coordinate, or manage your physical therapy treatment. This includes sharing your information with other healthcare providers involved in your treatment (e.g., your primary care physician, specialists, or hospitals).

2. Payment: Your health information may be used to bill and collect payment for services rendered. This may include providing information to insurance companies, billing agencies, or other third-party payers to secure reimbursement for the services provided.

3. Healthcare Operations: We may use and disclose your health information for the day-to-day operations of our practice, such as quality assessment, staff training, scheduling, and administrative purposes. We may also use your information for compliance purposes, such as audits, risk management, and legal or regulatory compliance.

4. Appointment Reminders: We may use or disclose your health information to remind you of an appointment. This could include calling you, leaving messages on your voicemail, or sending reminders via mail or email.

5. Treatment Alternatives and Health-Related Benefits: We may contact you to inform you about treatment options or health-related benefits and services that may be of interest to you.

6. Disclosures to Family or Others Involved in Your Care: We may disclose your health information to a family member, relative, close personal friend, or any other person you identify who is involved in your care, unless you object.

7. Required by Law: We may disclose your health information when required by law, including disclosures to public health authorities for disease prevention or control, governmental authorities regarding abuse or neglect, or law enforcement agencies when required by a court order or subpoena.

Your Rights Regarding Your Health Information

You have the following rights with respect to your health information:

1. Right to Access: You have the right to inspect and obtain a copy of your health records. You may request a copy of your medical records, and we will respond to your request in a timely manner. We may charge a fee for copying and mailing the records.

2. Right to Amend: If you believe that information in your medical record is incorrect or incomplete, you may request an amendment to your health information. We will consider your request and inform you of our decision.

3. Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your health information made by us. This includes disclosures made for purposes other than treatment, payment, and healthcare operations.

4. Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information. While we are not required to agree to all requested restrictions, we will consider your request and comply with any restriction to which we agree.

5. Right to Confidential Communications: You have the right to request that we communicate with you about your health information in a certain way or at a certain location (for example, by calling you at a specific phone number or sending communications to a different address). We will accommodate all reasonable requests.

6. Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our practice or with the U.S. Department of Health and Human Services (HHS). You will not be retaliated against for filing a complaint.

How We Protect Your Information

We use a variety of physical, administrative, and technical safeguards to protect your health information from unauthorized access, use, or disclosure. These safeguards include:

- **Secure electronic systems to store and transmit your health information.**
- **Employee training on privacy policies and procedures.**
- **Access controls to limit who can view your health records.**

Use of Electronic Health Records (EHR)

We use electronic health record (EHR) systems to store and manage your health information. These systems are secure and compliant with HIPAA's privacy and security requirements.

Telehealth Services

If you receive physical therapy services through telehealth, your health information will be protected in the same way as in-person visits. We use HIPAA-compliant platforms to ensure your data is encrypted and secure during virtual consultations.

California-Specific Privacy Rights

In addition to HIPAA, we are also required to comply with the California Confidentiality of Medical Information Act (CMIA), which offers stronger privacy protections for your medical information. Under California law, we will not share your medical information with third parties without your consent, except in cases of emergency or when required by law.

Changes to This Notice

We reserve the right to change the terms of this Notice of Privacy Practices and to make the new notice provisions effective for all health information we maintain. If we make changes, we will provide you with a revised notice. We will post a copy of the updated notice in our clinic and on our website, and we will provide you with a copy upon request.