

# NOTICE OF PRIVACY PRACTICES

Wyoming Specialized Physical Therapy

Effective: June 25, 2003

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

## **Our Privacy Responsibilities**

**Wyoming Specialized Physical Therapy is required by law to:**

- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information; and
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in Wyoming Specialized Physical Therapy, Inc. facilities. You may also request a copy of any notice form Wyoming Specialized Physical Therapy, Inc. Privacy Office.

## **Your Individual Rights**

**You have the right to:**

- Right to receive a copy of this Notice upon request
- Request restriction on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- \*Request corrections of additions to your health information.
- \*Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for accounting, which must be within the six years prior to your request and exclude dates prior to June 25, 2003. The first accounting is free, but a fee will apply if more than one request is made within a 12-month period.

*Request marked with a star (\*) must be made in writing. Contact the Wyoming Specialized Physical Therapy, Inc Privacy Officer for the appropriate form for your request.*

## **Our Organizations**

This notice describes the privacy practices of Wyoming Specialized Physical Therapy, Inc. as well as the Wyoming Specialized Physical Therapy employees and volunteers at those facilities. This notice also describes the privacy practices of affiliated providers while they are performing services in a Wyoming Specialized Physical Therapy, Inc. Facility unless they provide you with a notice of their specific privacy practices. Affiliated providers are not employed at Wyoming Specialized Physical Therapy, Inc. but are either authorized to provide services to patients in a Wyoming Specialized Physical Therapy, Inc. Health Plans' Providers.

## **Contact Us**

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information please contact the Privacy Officer.

To contact the Privacy Officer, please write or call

Wyoming Specialized Physical Therapy, Inc.

Attn: Privacy Officer

620 West Cheyenne Drive

Evanston, WY 82930

307-789-8860

We will investigate all complaints and will not penalize or treat you any differently for filing a complaint. You may also file a written complaint with the office of Civil Rights of the US Department of Health and Human Services.

## **Privacy Promise**

Wyoming Specialized Physical Therapy, Inc. understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

## **How We Use and Disclose Your Protected Health Information**

When you receive care from Wyoming Specialized Physical Therapy, Inc, we may use your health information for treating you, billing for service, and conducting our normal business (known as “health care operator”) Examples of how we use your information include:

**Treatment-** We keep records of the care and service provide to you. Health care providers use these records to deliver quality care to meet you needs. For example, your doctor may share your health information with a specialist who will assist in you treatment. Some health records, including some confidential communications with a medical health professional, some substance abuse treatment records, some generic test results, and some health information of minors, may have additional restriction for use and disclosure under state and federal laws.

**Payment-** We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third party. We also may contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company or Medicare.

**Health Care Operations-** We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities. For example, we may use your health information to evaluate the quality of treatment and services provided by our physicians, nurses, and other health care workers.

## **Other Services We Provide**

**We may also use your health information to:**

- Recommend treatment alternatives;
- Tell you about health services and products that may benefit you;
- Share information with family and friends involved in you care or payment for your care, when appropriate.
- Share information with third parties who assist us with treatment, payment and health care operations. Our business associates must protect your information by following our privacy practices.
- Remind you of your appointment (if you do not wish to be reminded, notify the scheduler).

## **Sharing Your Health Information**

**There are limited situations when we are permitted or required to disclose health information with your signed authorization. These situations are:**

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law: reporting births and deaths; and reporting reactions to drugs and problems with medical devices;
- To protect victims of abuse, neglect, or domestic violence;
- For health oversight activities such as investigations, audit, and inspections;
- Judicial and Administrative Proceedings;
- Law Enforcement;
- For lawsuits and similar proceedings;
- When otherwise required by law;
- When requested by law enforcement as required by law or court order;
- To coroners, medical examiners, and funeral directors;
- For organ and tissue donations;
- For research approved by our review process under strict federal guidelines;
- To reduce or prevent a serious threat to public health and safety;
- For workers compensation or other similar programs if you are required at work;
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke you authorization at any time with written statement.