



NOTICE OF PRIVACY POLICIES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

Wall Works PT LLC (“we”, “us”) understands that health information about you and your health care is personal, and we are committed to protecting health information about you. We create a record of the care and services you receive from us, in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care we generate, and will tell you about how we may use and disclose health information about you. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private. Examples of PHI that we collect include: name, address, phone number, birthdate, and diagnosis.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice currently in effect.

We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request and will be posted on the client portal.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules allow health care providers who have a direct treatment relationship with the patient to use or disclose the patient’s personal health information, without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any other health care provider without your written authorization. For example, if a health care provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the health care provider in diagnosis and treatment of your condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between



health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Session Notes: We do keep “Session notes” and any use or disclosure of such notes requires your authorization unless the use or disclosure is:
 - A. For our use in treating you;
 - B. For our use in training or supervising associates to help them improve their clinical skills;
 - C. For our use in defending Wall Works PT LLC in legal proceedings instituted by you;
 - D. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA;
 - E. Required by law and the use or disclosure is limited to the requirements of such law;
 - F. Required by law for certain health oversight activities pertaining to the originator of the session notes;
 - G. Required by a coroner who is performing duties authorized by law; or
 - H. Required to help avert a serious threat to the health and safety of others.
2. Marketing Purposes. As health care providers, we will not use or disclose your PHI for marketing purposes, except when authorized by you. Your information will only be disclosed if you sign our Media/Public Relations Authorization for Use and Disclosure of PHI release form.
3. Sale of PHI. As health care providers, we will not sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law;
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety;
3. For health oversight activities, including audits and investigations;
4. For judicial and administrative proceedings, including responding to a court or administrative order;
5. For law enforcement purposes;



6. To coroners or medical examiners, when such individuals are performing duties authorized by law;
7. For research purposes, including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition;
8. Specialized government functions, including, ensuring the proper execution of military missions; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions;
9. For workers' compensation purposes; or
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. We will only disclose your PHI when you are present and verbally consent to disclosure, if you are incapacitated, or if you are deceased. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would negatively affect your health care.
2. **The right to request restrictions for out-of-pocket expenses paid for in full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The right to choose how we send PHI to you.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. **The right to see and get copies of your PHI.** Other than "session notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable and cost-based fee for doing so.
5. **The right to get a list of the disclosures we have made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of



receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.

6. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. **The right to get a paper or electronic copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 12/01/20.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of this HIPAA Notice of Privacy Policies and agree to its terms.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. BY CLICKING ON THE CHECKBOX, I CERTIFY THAT I AM THE INTENDED PARTY, I HAVE THE AUTHORITY TO SIGN THIS FORM, AND AM THE ONE RECEIVING SERVICES FROM WALL WORKS PT LLC.