



NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this notice, please contact our Compliance Coordinator:

Stefanie Street
5388 Discovery Park Blvd, Suite 200
Williamsburg, VA 23188

I. Summary of Rights and Obligations Concerning Health Information.

Comber Physical Therapy, LLC and Fusion Chiropractic, LLC are committed to preserving the privacy and confidentiality of your health information, which is required both by federal and state law. We are required by law to provide you with this notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your health information that is created or retained by Comber Physical Therapy and/or Fusion Chiropractic. Each time you visit us, we make a record of your visit. Typically, this record contains your symptoms, examination and test results, our assessment of your condition, a record of your treatment interventions, and a plan for future care or treatment. We have an ethical and legal obligation to protect the privacy of your health information, and we will only use or disclose this information in limited circumstances. In general, we may use and disclose your health information to:

- plan your care and treatment;
- communicate among the many health professionals who contribute to your care;
- legally document the care you received;
- receive payment from you, your health plan, or your health insurer;
- make quality assessments and work to improve the care we render and the outcomes we achieve, known as health care operations;
- source of data for public health officials and medical research;
- provide data for facility planning and marketing; and
- comply with state and federal laws that require us to disclose your health information

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- ensure the accuracy of your health record;
- obtain a paper copy of the notice of information practices upon request;
- inspect and receive a copy of your health record;
- request an accounting of disclosures of your health information;
- request confidential communications between you and your therapist and request limits on the use and disclosure of your health information;

Comber Physical Therapy, LLC is required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

II. We may use or disclose your medical information in the following ways:

A. Treatment. We may use and disclose your protected health information to provide, coordinate and manage your rehab care. That may include consulting with other health care providers about your health care or referring you to another health care provider for treatment including physicians, nurses, and other health care providers involved in your care. For example, we will release your protected health information to a specialist to whom you have been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat you.

B. Payment. We may use and disclose your health information so that we may bill and collect payment for the services that we provided to you. For example, we may contact your health insurer to verify your eligibility for benefits, and may need to disclose to it some details of your medical condition or expected course of treatment. We may use or disclose your information so that a bill may be sent to you, your health insurer, or a family member. The information on or accompanying the bill may include information that identifies you and your diagnosis, as well as services rendered, any procedures performed, and supplies used. Also, we may provide health information to another health care provider, such as an ambulance company that transported you to our office, to assist in their billing and collection efforts

C. Healthcare Operations. We may use and disclose your health information to assist in the operation of our practice. For example, members of our staff may use information in your health record to assess the care and outcomes in your case and others like it as part of a continuous effort to improve the quality and effectiveness of the healthcare and services we provide. We may use and disclose your health information to conduct cost management and business planning activities for our practice. We may also provide such information to other health care entities for their health care operations. For example, we may provide information to your health insurer for its quality review purposes

D. Business associates: Comber Physical Therapy, LLC and Fusion Chiropractic, LLC sometimes contract with third-party business associates for services. Examples include Web PT, billing services, consultants, and legal counsel. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard information.

E. Students: Students/interns in rehabilitation or health service related programs work in our facility from time to time to meet their educational requirements or to get health care experience. These students may observe or participate in your treatment or use health information to assist in their training. You have the right to refuse to be examined, observed or treated by any student or intern. If you do not want a student or intern to observe or participate in your care, please notify your therapist.

F. Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, location, and general condition.

G. Communication with family: Our staff, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

H. Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

I. Marketing: In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with promotional gifts or nominal value. Under no circumstances will we sell our patient lists or your health information to a third-party without your written authorization.

J. Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

K. Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

L. Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

III. Your Health Information Rights. You have the following rights regarding medical information we gather about you:

- A. **Right to obtain a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.
- B. **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records. To inspect or receive a copy of your medical records, you must submit a written request to our compliance coordinator. We will supply you with a form for such a request. If you request a copy of your medical information, we may charge a reasonable fee for the costs of labor, postage, and supplies associated with your request. We may not charge you a fee if

you require your medical information for a claim for benefits under the Social Security Act (such as claims for Social Security, Supplemental Security Income, and any other state or federal needs-based benefit-program)

- C. Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we retain the information. To request an amendment, your request must be made in writing and submitted to our compliance coordinator. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. If we deny your request, you may submit a statement of disagreement.
- D. Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures made incidental to treatment, payment, and health care operations. However, if the disclosures were made through an electronic health record, you have the right to request an accounting for such disclosures that were made during the previous 3 years:
- Disclosures made pursuant to your authorization;
 - Disclosures made to create a limit data set
 - Disclosures made directly to you

To request an accounting of disclosures, you must submit your request in writing to our compliance coordinator. Your request must state a time period and may not include dates before March 1, 2015. The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting of disclosures. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time, before any costs are incurred. Under limited circumstances mandated by federal and state law, we may temporarily deny your request.

- E. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. If you paid out-of-pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we are required to honor that request. You also have the right to request a limit on the medical information we communicate about you to someone who is involved in your care or the payment for your care, except as noted above, we are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our compliance coordinator. In your request, you must tell us:
- what information you want to limit;
 - whether you want to limit our use, disclosure, or both; and
 - to whom you want the limits to apply
- F. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way at a certain location. For example, you can ask that we only contact you at work or by email. To request confidential communications, you must make your request in writing to your provider or our compliance coordinator. We WILL NOT ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- G. Right to Receive Notice of a Breach. We are required to notify you by first class mail or by email of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. The notice is required to include the following information:
- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
 - A description of the type of Unsecured Protected Health Information involved in the breach;
 - Steps you should take to protect yourself from potential harm resulting from the breach;
 - A brief description of actions we are taking to investigate the breach, mitigate the losses, and protect against further breaches;
 - Contact information, including a toll-free telephone number, email address, website or postal address to permit you to ask questions or obtain additional information. In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach on our website. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets.

- IV. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the U.S. Department of Health and Human Services: 200 Independence Ave. S.W. Washington, D.C. 20201. To file a complaint with us, contact our compliance coordinator at the address listed above. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred. See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information. You will not be penalized for filing a complaint.