

Notice of Privacy Practices

For your personal health and financial information



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.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

Revised July 2015

WHO WILL FOLLOW THIS NOTICE?

AFFILIATED THERAPY GROUP PRACTICE, INC. provides health care to our patients and clients in partnership with physicians and other professionals and organizations. The information privacy practices in the Notice will be followed by:

- Any health care professionals who treat you at our facility;
- All departments and units of our organization;
- All employed associates, staff or volunteers of our organization with whom we may share information as permitted within our organized health care arrangement;
- Any business associate or partner of Affiliated Therapy Group Practice, Inc. with whom we share health information.

OUR PLEDGE TO YOU.

We understand that medical and billing information about you is personal. We are committed to protecting the privacy of your medical and billing information. We create a designated record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or Notices regarding the doctor's use and disclosure of your medical and billing information created in the doctor's office. We are required by law to:

- Keep medical and billing information about you private;
- Give you this Notice of our legal duties and privacy practices with respect to your protected health information;
- Follow the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR

PROTECTED HEALTH INFORMATION

- We may use and disclose medical and billing information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).
- We may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you.
 - To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
 - In response to a court or administrative order, subpoena, discovery request, or other lawful process
 - For law enforcement purposes, to military authorities and as otherwise required by law
 - To assist in disaster relief efforts
 - For compliance programs and health oversight activities
 - To fulfill our obligations under any worker's compensation law or contract
 - To avert a serious and imminent threat to your health or safety or the health or safety of others
 - For research purposes in limited circumstances
 - For procurement, banking, or transplantation of organs, eyes, or tissue
- To a coroner, **medical** examiner, or funeral director

WHAT TYPES OF COMMUNICATIONS CAN I OPT OUT OF THAT ARE MADE TO ME?

- o Appointment reminders
- o Treatment alternatives or other health-related benefits or services

ARE MY RIGHTS CONCERNING MY INFORMATION

The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner.

- o Access - You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, a per hour charge for staff time to locate and copy your information, and postage.
Amendment- You have the right to request an amendment of information we maintain about you if you believe the information is wrong or incomplete.
- o We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.
- o Disclosure - you have the right to receive a listing of the instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in a 12- month period, we may charge you a reasonable, cost based fee for responding to these additional requests.
- o Notice- you have the right to receive a written copy of this notice anytime you request
- o Restriction- You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to terminate a previously submitted restriction.

HOW DO I EXERCISE MY RIGHTS OR OBTAIN A COPY OF THIS NOTICE?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- o Contacting us at 361-853-6100
- o Accessing our website at www.athgp.com