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NOTICE OF PRIVACY PRACTICES

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.

Valley Rehabilitation of Sun City West, LLC is dedicated to maintaining the privacy of your health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), a Federal Law, requires that we develop regulations in an attempt to ensure the health care privacy of our patients.

“Protected Health Information” (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. As a patient of Valley Rehabilitation of Sun City West, LLC you are entitled to receive notice about our privacy practices and how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

INTRODUCTION:

When you become a patient of Valley Rehabilitation of Sun City West, LLC you provide us with information about your health. Each time you visit us, an additional record of your visit and the treatment you received, is generated. Your health record is the information that we use to plan your care, to provide treatment and to bill the insurance company. Your health record contains your PHI that is protected by Federal and State laws.

RESPONSIBILITIES:

Valley Rehabilitation is required by law to protect the privacy of your PHI and to provide you with Notice of our legal responsibilities and privacy practices regarding your PHI. We are required to comply with the terms of the Notice which is currently in effect. However, we reserve the right to change our privacy practices and to make such changes to the entire PHI we maintain. Should our Notice change, we will provide you with the revised Notice upon your request. You may contact our Privacy Officer at the number listed at the end of this Notice.

BREACH NOTIFICATION:

In the event there should be a breach of PHI, Valley Rehabilitation of Sun City West, LLC will notify those affected no later than 60 calendar days. Individuals will be notified by mail, email or by phone should it be an urgent matter. If necessary, Valley Rehabilitation of Sun City West, LLC will notify the HHS Secretary as required by law and limitations.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI) BASED UPON:

WRITTEN CONSENT: You will be asked by our office to sign a Consent Form. Once you have consented for us to use and disclose of your PHI for treatment, payment and healthcare operations, we will use and/or disclose your PHI as described below.

- A. Treatment: Your PHI may be used and disclosed by your therapist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.
- B. Healthcare Operations: Your PHI may also be used and disclosed to ensure payment of your health care bills to our practice.

- C. Business Associates: Your PHI may also be used and disclosed for healthcare operations to include but not limited to, quality assessment and improvement, reviewing provider performance, business management, administration and compliance.
- D. Other Entities: Your PHI may also be used and disclosed to assist health care providers in connection with their treatment or payment activities, or to assist other entities covered by the HIPAA Privacy Regulations in connection with certain health care operations.
- E. Marketing: Your PHI will only be released to third party's product if written consent has been signed by the patient for treatment purposes only.

WRITTEN AUTHORIZATION: Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You have the right to revoke this authorization, at any time, in writing, except to the extent that your therapist or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

- A. Others Involved in Your Healthcare: Unless you object, we may disclose your PHI to a member of your family, a relative, a close friend, or any other person you identify, that is directly involved in your healthcare. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- B. Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your therapist shall try to obtain your consent as soon as reasonably possible after the delivery of treatment.
- C. Communication Barriers: We may use and disclose your PHI if your therapist or another therapist in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the therapist determines, using professional judgment, that you intend to consent to use or disclosure under the circumstance.
- D. Associates of Valley Rehabilitation of Sun City West, LLC: Your PHI will only be disclosed to associates of VR with written authorization from the patient.

USES AND DISCLOSURES THAT WE ARE PERMITTED OR REQUIRED TO MAKE WITHOUT YOUR AUTHORIZATION: We may use and disclose your PHI without obtaining your written authorization, in the following situations:

- A. Required by Law: We may use or disclose your PHI to the extent that the law requires the disclosure.
- B. Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
- C. Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- D. Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- E. Workers' Compensation: We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- F. Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products: to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.
- G. Research: We may disclose your PHI to researchers when an Institutional Review Board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the information.
- H. Military Activity and National Security: When the appropriate conditions apply, we may use or disclose your PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose in certain circumstances, your information to the foreign military authority. We also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or Heads of State.

YOUR INDIVIDUAL RIGHTS

The following is a brief description of your rights with respect to your PHI and how you may exercise your rights.

- A. Right to Request a Restriction: You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. However your therapist is not required to agree to a restriction that you may request. If your therapist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You may request a restriction in writing by contacting our Privacy Officer.
- B. Right to Restrict to your health plans: When the patient pays out of pocket in full for the healthcare services provided, the patient then has the right to restrict Valley Rehabilitation of Sun City West, LLC from disclosing PHI to the patient's health plan insurer. Only in the event that the account balance is not satisfied and only after VR has made reasonable effort to collect from the patient, that we are obligated to submit such PHI in order to be compensated.
- C. Right to Request Confidential Communications: We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.
- D. Right to Amend Your Health Information: If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. You have the right to request in writing that we amend your PHI which we maintain. We will comply with your request in the event that we determine the information that you are asking us to amend is false, inaccurate or misleading. However, in certain cases, we may deny your request for amendment for reasons set forth in the HIPAA Privacy Regulations. Please contact our Privacy Officer for assistance in seeking an amendment to your PHI.
- E. Right to Receive an Accounting of Disclosures: This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred on or after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- F. Right to Receive Copies of PHI: You have the right to receive copies of your PHI. A signed request must be filed by the patient in order for copies to be released to themselves, or third party. PHI will be available after 10 business days once the request has been made. If the copies have not been collected by the requestor within 30 days, the copies shall then be destroyed. Fees for copying such PHI will apply.
- G. Right to Receive a Copy of This Notice: You have the right to receive a paper copy of this Notice of Privacy Practices.
- H. Right to Complain About Our Privacy Practices: If you believe your privacy rights have been violated, you have the right to file a formal complaint with our Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

Under no circumstances will we retaliate against you for filing a complaint.

PRIVACY OFFICER
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