

Hanson Physical Therapy  
1813 "0" Avenue  
Anacortes, W A 98221

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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.

If you have any questions about this notice, please contact our Privacy Officer, Laurie Sherman @ 360-588-8075.

This Notice of Privacy Practices describes how we may use and disclose your protected health information, your privacy rights in your identifiable health information and our obligations concerning the use and disclosure of your identifiable health information. It also describes your rights to access and control you protected health information. "Protected health information" 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.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by contacting the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next visit.

#### Understanding Your Health Record Information

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others

#### Your Health Information Rights

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:

- request a restriction on certain uses and disclosures of your' information
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations  
revoke your authorization to use of disclose health information except to the extent that action has already been taken

#### Our Responsibilities

This organization 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 will not use or disclose your health information without your authorization, except as described in this notice.

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If you believe your privacy rights have been violated, you can file a complaint with our Privacy Contact or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Contact, Laurie Sherman @ (360) 588-8075 for further information about the complaint process.

We will use your health information for treatment

For example: Information obtained by a therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

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, your location and general condition.

Communication with family

Health professionals, 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.

Marketing

We may contact you to provide appointment reminders.

Food and Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse events with respect-to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.

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.

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.

Correctional institution

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

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 work force member or business associate believes in good faith that we have engaged in unlawful conductor have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

This notice was published and becomes effective on April 1, 2003.