



NOTICE OF PRIVACY PRACTICES

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

OUR DUTY TO PROTECT YOUR PRIVACY

Core Fitness and Physical Therapy, PLLC (dba Peak Fitness and Physical Therapy) is committed to preserving the privacy and confidentiality of your protected health information (PHI), which is required by federal and state law. We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This Notice takes effect on 4/1/2003, and will remain in effect until we replace it, at which time you will receive an updated notice.

USES AND DISCLOSURES of your protected health information (PHI)

Treatment: Peak Fitness and Physical Therapy may use and disclose your protected health information to provide, coordinate, and manage your care. This may include consulting with providers who have referred you for services or are involved in your care including physicians, nurses, technicians, therapists, and other health care providers.

Payment: We may use and disclose your health information to your insurance company so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary.

Health Care Operations: If necessary, Peak Fitness and Physical Therapy may use or disclose your protected health information to support the business activities of your healthcare provider and this physical therapy office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of physical therapy students, and conducting or arranging for other business activities. Your information may be used to evaluate the performance of our staff, to assess the quality of our care, to compare your progress and treatment outcomes to similar patient cases, to improve our facilities and services, and to continually improve the quality and effectiveness of the physical therapy services we provide.

Students: Students/interns in rehabilitation or health service related programs may occasionally work in our facility to meet their educational requirements or to get health care experience. These students may observe or participate in your treatment or use your health information to assist in their training. You have the right to refuse to be examined, observed, or treated by any student or intern by notifying your provider.

Business Associates: Peak Fitness and Physical Therapy may contract with third-party business associates for services. Examples include answering services, transcriptionists, 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 your information.

Appointment Reminders: We may use and disclose your health information to provide you with appointment reminders, such as voicemail messages.

Release to Family/Friends: Our staff, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Health-Related Benefits and Services: We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. In face- to-face communications, such as appointments with your provider, we may tell you about other products and services that may be of interest to you.

Newsletters and Other Communications: We may use your personal information in order to communicate to you via newsletters (including electronic newsletters), mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

Disaster Relief: We may disclose your health information in disaster relief situations where disaster relief organizations seek your health information to coordinate your care, or notify family and friends of your location and condition. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

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. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.

Public Health Activities: Peak Fitness and Physical Therapy may disclose your protected health information for public health purposes to individual(s) that are permitted by law to conduct or receive such information. The disclosure will be made for the purpose of controlling disease, injury, or disability to you and/or to others. We may also disclose your protected health information, if directed by a public health authority, to a collaborating foreign government public health agency.

Communicable Diseases: If authorized by law, Peak Fitness and Physical Therapy may disclose your protected health information to any individual who may have been exposed to an infectious disease and may be at risk for contracting or spreading the infection.

Health Oversight: Peak Fitness and Physical Therapy may disclose protected health information to a health oversight agency for government authorized actions including audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: Peak Fitness and Physical Therapy may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. Our office may disclose your protected health information to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect and/or domestic violence. Such disclosures will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration (FDA): When required by the Food and Drug Administration, Peak Fitness and Physical Therapy may disclose your protected health information to an authorized individual or company. For example, these actions may take place to enable product recalls, to make repairs or replacements, to conduct post marketing surveillance, and/or to track and report product defects or problems.

Research: We may disclose your health information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review / privacy board stating that they have reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information.

Workers Compensation: Your protected health information may be disclosed to comply with workers' compensation laws and other similarly established programs as authorized.

Law Enforcement: As long as applicable legal requirements are met, Peak Fitness and Physical Therapy may disclose protected health information for law enforcement purposes. Such law enforcement purposes may include: response to a court order, subpoena, warrant, summons, or similar process of authorized under state or federal law; legal processes and those otherwise required by law; information requests for identification and location purposes in a crime investigation; suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of Peak Fitness and Physical Therapy; and/or, a medical emergency occurring off Peak Fitness and Physical Therapy's premises under criminal investigation.

De-identified Information: We may use your health information to create "de-identified" information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we "de-identify" health information, we remove information that identifies you as the source of the information. Health information is considered "de-identified" only if there is no reasonable basis to believe that the health information could be used to identify you.

Criminal Activity. Consistent with applicable federal and state laws, Peak Fitness and Physical Therapy may disclose your protected health information if it is believed that the use or disclosure is imperative to prevent or reduce a threat to the safety and/or health of the public. We may also disclose protected health information if it is compulsory for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. Under the appropriate circumstances, we may use or disclose Armed Forces Personnel's protected health information for activities deemed essential by military command authorities and for the purpose of determining eligibility of benefits by the Department of Veterans Affairs and/or a foreign military authority (if you are a member of that foreign military service). Our office staff may also disclose your protected health information to an authorized federal officer when conducting national security and intelligence activities, including the provision of protective services to the president or other legally authorized individuals.

Your authorization is required before your PHI may be used or disclosed by us for other purposes.

YOUR PRIVACY RIGHTS

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.

Right to Request Restrictions: You have the right to request restrictions or limitations on how your PHI is used or to limit the health information we disclose about you to someone who is involved in your care or the payment of your care. Please be advised, we are not required to agree to your request if it is not possible for us to ensure our compliance or if we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, please submit your request to Peak Fitness and Physical Therapy in writing.

Right to Request Confidential Communications: You have the right to request confidential communication from us at a location of your choosing. This request must be in writing and must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Access to PHI: You have the right to inspect and request a copy of your medical record. You must make this request in writing to our office. We will supply you a form for this request. If you request a copy of your medical information, we may charge a reasonable fee to cover the costs of labor, supplies, and postage associated with your request. We may not charge a fee if you require your medical information for a claim for benefits under the Social Security Act.

Right to Amend: You have the right to request an amendment be made to your PHI, if you feel the medical information we have about you is incorrect or incomplete. This request must be made in writing and you must provide documentation that supports your request. We may deny your request if it is not in writing or if we feel the reasoning provided does not support the request. If we deny your request for amendment, you do have the right to submit a written statement of disagreement that will become part of your record. Please note we may not amend parts of your medical record that we did not create.

Right to Accounting of Disclosures: You have the right to request a list accounting for any disclosures of your health information made in the previous six years, except for uses and disclosures for treatment, payment, or health care operations or for which we have obtained authorization.

COMPLAINTS

If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing to the person listed below, without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. You may also submit a complaint directly to the Secretary of the US Department of Health and Human Services.

PRIVACY CONTACT

If you would like more information about our privacy practices or to file a complaint you may contact:

Rebecca Wykle

PO Box 4744

Chattanooga, TN 37405

423.468.4067