

## 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.**

This Notice describes how we will use and disclose your health information. The terms of this Notice apply to all health information generated or received by Britt Zink Physical Therapy Services LLC, whether recorded in our medical record, billing invoices, paper forms, video, or in other ways.

### **HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION:**

We use or disclose your health information as follows:

- **Treatment:** We may use your health information to provide care and share it with others who are treating you. For example, we may disclose your health information to your physician.
- **Payment:** We may use and share your health information to bill and obtain payment for the healthcare services you receive. For example, we send information about you to your health insurance plan so it will pay for your services.
- **Healthcare operations:** We may use and share your health information for our day-to-day operations, to improve your care, and contact you when necessary. For example, we may use your medical information to review our treatment and services so we can evaluate how to improve our quality of care.
- **Business Associates:** WE may provide medical information to other persons or organizations who provide services for us under contract. We require business associates to protect the medical information we provide to them.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Friends and family:** We may disclose to your family and close personal friends any health information directly related to that person's involvement in your care.
- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency so your family can be notified about your condition and location.

### **We may also use and share your health information for other reasons without your prior consent:**

- **When required by law:** We will share information about you if state or federal law require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. This may include disclosing information about victims of abuse, neglect, or domestic violence.
- **Law enforcement:** We may share information for law enforcement purposes, such as when a crime is committed at one of our facilities. We may also share information to help locate a suspect, fugitive, missing person or witness.
- **For public health and safety:** We can share in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- **Lawsuits and legal actions:** We may share information about you in response to court or administrative order, or in response to a subpoena.
- **Worker's compensation, correctional institutions and other government requests:** We can share information to employers for workers' compensation claims. We also share information with correctional institutions about their inmates. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.
- **Health Oversight Activities:** We may provide medical information to a health oversight agency or activities allowed by law. These activities allow the government to monitor health care systems, government programs, and compliance with civil rights laws and include audit, investigations and inspections.
- **Coroners, Medical Examiners and Funeral Directors:** We may provide medical information to a coroner or medical examiner. For example, to identify a person who has died or to determine the cause of death. We may also provide medical information about patients to funeral directors that need to carry out their duties.

- **Organ and Tissue Donation:** We may provide medical information to organizations that manage, bank or transplant organ and tissue donations if you are an organ donor.
- **National Security and Intelligence, and Protective Services Activities:** We may provide medical information about you to federal officials for intelligence, counterintelligence, or other national security activities. Such activities include protection to the President, other authorized persons or foreign heads of state to conduct special investigations.

**We may contact you in the following situations:**

- **Appointment Reminders:** to remind you of appointments with us or to reschedule a missed appointment.
- **Treatment options:** To provide information about treatment alternatives or other health related benefits or services that may be of interest to you.
- **Home Program Follow up:** to send you updates to your home exercise program.

**YOUR RIGHTS THAT APPLY TO YOUR HEALTH INFORMATION:**

When it comes to your health information, you have certain rights.

- **Get a copy of your medical record:** You can ask to see or get a paper copy of your medical record and other health information we have about you. We will provide a copy or summary to you usually within 30 days of your request. We may charge a reasonable, cost-based fee. Access may be denied in some circumstances when a certain law prohibits your access. In some circumstances you may have this decision reviewed.
- **Ask us to correct your medical record:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing within 30 days of your request. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be honored..
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. We will say "yes" unless a law requires that we share that information.
- **Get a list of those with whom we've shared information:** You can ask for a list accounting of the times we've shared your health information for six years prior, who we have shared it with, and why. We will include all disclosures (such as those you asked us to make). We will provide one accounting year for free, but we will charge a reasonable cost-based fee if you ask for another within 12 months.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

**Contact Information:**

Clinic Manager, Britt Zink Physical Therapy Services LLC  
6236 S. Pinnacle Pl, Suite 104  
Sioux Falls, SD 57108  
605-215-8890

**OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION:**

- We are required by law to maintain the privacy and security of your health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and provide you a copy.
- We will not use or share your information other than as described here unless you tell us in writing. You may change your mind at any time by letting us know in writing.

**CHANGES TO THIS NOTICE:**

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request.

**EFFECTIVE DATE:**

This Notice of Privacy Practices is effective May 11, 2020, Revised 8/2022)

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

This serves as acknowledgement that you have received a copy of the Britt Zink Physical Therapy Services LLC’s Notice of Privacy Practices. Please fill out the lines below.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to patient:        self    parent    guardian