

HIPAA NOTICE OF PRIVACY PRACTICES

Sirona Physical Therapy

Effective Date: September 4, 2004

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact Allison Schatz Hildreth, DPT at (303)279-9728.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for

consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician at the hospital if you have diabetes so that we can arrange for appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

For Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

As Required By Law: We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Military and Veterans: If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation: We may release health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify person or organization required to receive information on FDA-regulated products;

- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information if asked to do so by a law enforcement official:

- in reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person:
 - Name and Address
 - Date of birth or place of birth;
 - Social Security number
 - Blood type or rh factor
 - Type of injury
 - Date and time of treatment and/or death, if applicable; and
 - A description of distinguishing physical characteristics.
- about the victim of a crime, if the victim agrees to disclosure or under certain limited circumstances, we are unable to obtain a person's agreement.
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our facility; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors: We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Allison Schatz Hildreth, DPT. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to Allison Schatz Hildreth, DPT, and must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for our practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures: You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to Allison Schatz Hildreth, DPT. Your request must state a time period which may not be longer than six years and may not include dates before April 7, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date will not exceed a total of 60 days from the date you made the request.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or 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, you must make your request in writing to Allison Schatz Hildreth, DPT. In your request, you must tell us what information you want to limit and to whom you want the limits to apply; for example, use of any information by a specified nurse, or disclosure of specified surgery to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box.

To request confidential communications, you must make your request in writing to Allison Schatz Hildreth, DPT. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from Allison Schatz Hildreth, DPT.

You may also obtain a copy of this notice from our website, www. Even if you have received a notice electronically, you still retain the right to receive a paper copy upon request.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Allison Schatz Hildreth, DPT. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will not longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Acknowledgement of Receipt of this Notice

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name, date. This acknowledgement will be filed with your records.

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from Sirona Physical Therapy.

X _____ Date _____

In lieu of patient signature, I, _____, a staff member of Sirona Physical Therapy, state that _____, has been given our current Notice of Privacy Practices.

X _____, Date _____

Policy and Procedure on Patient's Right to Access Health Information

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility: Physical Therapist

Purpose:

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPPA) and to afford our patients the right to inspect and obtain a copy of health information about themselves.

General Policy:

It is our policy to provide our patients the right of access to inspect and obtain a copy of health information about themselves, for as long as we maintain the information in our designated record set, with exceptions permitted by law.

It is our policy to comply with all legal requirements and obligations relating to the PHI of minor patients. Under most circumstances, a parent or legal guardian will have legal authority to act on behalf of minor children; in this manor the parent is considered to be the minor's "personal representative." The "personal representative" is entitled to receive PHI and permit its disclosure, as the patient would be. Under the following circumstances, the minor has authority to make his/her health care decisions:

- when the minor has the right under state law and the minor has not requested another person be treated as a personal representative;
- when the minor has the right to obtain a particular health care service;
- when the guardian agrees to an agreement of confidentiality between health care provider and the minor.

Definitions:

Access means that patients may inspect their medical records and billing records under the supervision of a staff member for which an inspection fee is charged; or obtain a copy of all or a portion of their medical records under the supervision of a staff member for which an inspection fee is charged; or obtain a copy of all or a portion of their medical records and billing records for which a copying fee is charged.

Designated record set means medical records and billing records that we use to make health care and payment decisions about patients.

Procedure:

1. Patients may request access to their medical records and/or billing records by submitting a request in writing on our Authorization for Release of Information Form to our Physical Therapist or Physical Therapy Assistant. This Form specifies that the access will be granted within 30 days of its receipt unless the patient is otherwise notified, and identifies the fees that will be charged for supervision of inspection, for copying all or portions of the record, or for summarizing the record. The request must state the type of access requested (inspection, copy, or if a summary will be accepted if there are reasons why a complete inspection or copy cannot be released, see step 3.b.), specify the dates and specific information requested, and be signed by the patient.

2. When a request for access to the medical record and/or billing record is made by a patient:

- a. Obtain the patient's medical record and verify the patient's demographic information and signature on the Authorization for Release of Information Form with demographic information and signature on the consent for use and disclosure of health information, or other document signed by the patient contained within the medical record. If the authenticity of the patient cannot be verified, send a request to the patient to have a new Authorization for Release of Information Form notarized.
- b. Review the medical record and/or billing record according to the request, to determine if:
 - 1.) The information requested is excepted from the patient's right of access (see step 3. Exceptions to access), in which case access must be denied. Follow the procedure in step 4. for Denial of access.
 - 2.) The information requested is complete. If the information is not complete, inform the physician responsible for completion that a request for access has been made by the patient and the record will need to be completed within 30 days in order to comply with the patient's request or be found in non-compliance HIPAA and subject to fines. If the record is not completed within 30 days, send a copy of the Authorization for Release of Information form to the patient indicating that an extension to providing access will be required because the record is in the process of being completed and indicating the specific date on which access will be granted. This date must not exceed an additional 30 days.
- c. If the access is not accepted and the information is complete and the patient requests inspection of the medical record and/or billing record or any portion thereof, schedule an appointment for the patient to visit the office. If the request is only for a portion of the record, remove that portion and place it in a separate folder for purposes of the inspection. Our Physical Therapist or Physical Therapy Assistant must be present with the patient during the time the patient is inspecting the record(s). During this time, the patient may not remove any documents from the record(s) or write any information in the record(s). If the patient wishes to make an amendment to the record(s), follow the Policy and Procedure for Patient's Right to Request Amendment of Health Information. If the patient has any questions concerning the information in the medical record, inform the patient that an appointment must be made with the physician to discuss the information. If the patient has any questions concerning the information in the billing record, refer the patient to the Physical Therapist or Physical Therapy Assistant.
- d. If access is not excepted and the information is complete and the patient request a copy of any or all of the medical record and/or billing record, make the specified copies and mail the information to the patient via postal mail. If the patient requests this information to be

mailed to a different address, mailed to a different individual, or be given to someone else who physically presents to our office, this information must be authorized through the Authorization for Release of Information Form. If another individual is designated to physically pick up the copy of the information, verify the individuals' identity by requesting a photo identification card and match the name on the card to the name on the Authorization for Release of Information signed by the patient.

3. Exceptions to access are limited to very specific situations. Certain exceptions are un-reviewable and for others we must permit the patient to request a review of our decision not to grant access.

Un-reviewable grounds for denial of access include:

- when the information was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- when the information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

Reviewable grounds for denial of access include:

- when a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.
- when the information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonable likely to cause substantial harm to such other person.
- when the request for access is made by the patient's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the patient or another person.

4. Denial of access is a serious matter under the law. Before the Physical Therapist may make such a denial decision, it is our policy to conduct an internal review of that denial. Any such case should be given to the/a physical therapist not directly related to the case that will authorize the denial.

- a. If access is denied for one of the un-reviewable reasons to deny access, return a copy of the Authorization for Release of Information to the patient indicating that we are unable to comply with the request for access due to the applicable reason. Retain a copy of the Authorization for Release of Information sent to the patient in the patient's medical record.
- b. If access is denied for one of the reviewable reasons, determine if a summary of the record may be made or portions of the record may be provided access such as to prevent the risk associated with denial.

- 1.) If a summary or access to portions of the record would prevent risk, return a copy of the Authorization for Release of Information to the patient indicating we are not able to comply with the request for access for the specified reason but would be able to provide a summary of information in the record or access to portions of the record.
 - 2.) If such a summary or access to portions of the record is not possible, return a copy of the Authorization for Release of Information to the patient indicating we are not able to comply with the request for access for the specified reason. Indicate on this Form that the patient has the right to have this decision reviewed by another licensed health care professional.
 - 3.) If a request for review is received, give a copy of the Authorization for Release of Information Form, the medical record, and, if applicable, the billing record to a physical therapist not directly related to the case, which will then make a final determination. Upon the review and determination, send a response to the patient indicating the result of the review and how the patient may file a complaint with our office or to the Secretary of Health and Human Services (HHS).
 - 4.) File a copy of the Authorization for Release of Information Form and other documentation received from the patient in the patient's medical record. Place a copy of the Authorization for Release of Information in your Risk Management file.
5. If a request for access to the medical record or billing record is made and the person was not a patient of ours, return a copy of the Authorization for Release of Information form to the individual indicating we have no records. If we do not have records on this individual but know where the requested information may be maintained (such as at a hospital or other physician's office), return the Authorization for Release of Information form to the individual and provide the name and address of the location where we believe the records may be maintained. Keep a copy of the Authorization for Release of Information Form in your Risk Management file.

Policy and Procedure on Patient's Right to Request Amendment to Health Information

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility: Physical Therapist

Purpose:

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to afford our patients the right to request amendment to their protected health information.

General Policy:

It is our policy to provide our patients the right to request amendment to their protected health information that we maintain in our designated record set, with exceptions permitted by law.

Definitions:

Amendment means to add information to an existing record which provides additional information, clarifies or corrects existing information, or provides an alternative view with respect to information that we have compiled about the patient in the patient's designated record set.

Designated record set means medical records and billing records that we use to make health care and payment decisions about patients.

Procedure:

1. A patient who believes there is an error in information in the medical record or billing record may approach the author of the entry, point out the error, and request the author to correct it.

The author may accept any correction believed to be required, and will document the correction.

This documentation must retain the original entry, state the correct information, and reflect the author's identity and date of correction. In electronic information system, the correction should be made in accordance with the vendor's specification for correcting errors such that an audit trail exists to show both the original entry and the new entry. In paper documents, a correction may be made in one of two ways: if an entry is simply erroneous information, initialed, and dated. If an entry is erroneous and requires correction, the entry should be noted as erroneous and correct information written in a separate note, which must be signed and dated. The author should inquire of the patient if the correction of the error should be disclosed to anyone who may have received

this information in the past. If so, the patient should be directed to complete the Form to Request Amendment to Health Information.

2. A patient may also request that information be added to the medical record or billing record.

This request must be made in writing, on our Form to Request Amendment to Health Information, to the Physical Therapist or Physical Therapy Assistant. This Form serves as both documentary evidence of the request and our response, as well as a tracking mechanism to ensure response within 60 days of request (with not more than one 30-day extension) and duty to supply others with the information. This form will be processed in the following manner:

- a. Request the patient to complete the Form to Request Amendment to Health Information in triplicate. If this is not received in person, verify the patient's signature on the Form with a sample in the medical record. The patient should keep the last copy of the Form.
- b. Place the remaining two copies of the Form in the patient's medical record or billing record, whichever is the subject of the amendment. Route the record to the author of the record.
- c. If the author accepts the patient's amendment, the author will sign and date the Form as amendment accepted and make a note at the site in the record to which the amendment applies that an amendment exists. The author may also add a comment to the Form. The second copy of the Form will be returned to the patient indicating that the amendment has been accepted. The original copy of the Form will be used to furnish copies of the amendment to those individuals or organizations the patient deems necessary and documents on the Form. Such disclosures will be noted on the form as having been completed with the signature of the staff member who processed the disclosures. The original Form will be placed in the record.
- d. If the author rejects the patient's amendment, the author must indicate one of the following as reasons:
 - 1.) The information subject to amendment was not created by us.
 - 2.) The information subject to amendment is not part of the designated record set.
 - 3.) The information would not be available for access (see our policy on Patient's Right to Access Health Information).

The Form must be signed and dated, and the author must make a note at the site in the record to which the amendment applies that an amendment was requested. The second copy of the Form with this information will be returned to the patient. The original copy of the Form will be filed in the record. The patient may request that the request for amendment and the denial be disclosed with any future disclosures of the information that is the subject of the amendment.

- e. If this processing cannot occur within 60 days of receipt of the request, notify the patient in writing that a 30 day extension will be necessary to process the request.

- f. The patient may choose to submit a written statement disagreeing with the denial. This statement must be contained on not more than one handwritten or typewritten page of at least 10-point font. Any more information than this that is received will be discarded.

When this statement of disagreement is received, it should be forwarded to the author, who will determine whether a rebuttal will be prepared. The statement of disagreement and any rebuttal must also be filed in the record and accompany any future disclosures of the information that is the subject of the amendment.

3. If we are informed by another provider of an amendment to one of our patient's records, the Physical Therapist or Physical Therapy Assistant will review its contents and advise the physician who attended the patient as to any information which appears to require our action. We will place the amendment information in our designated record set.

Policy and Procedure to Request Restrictions on Use and Disclosure of Protected Health Information

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility:

1. It will be the responsibility of the Physical Therapist to receive requests for and agree to any restrictions on use and disclosure of protected health information.
2. It will be the responsibility of the Physical Therapist to monitor that any restrictions to which the office agrees will be followed.

General Policy:

1. We will supply any individual who requests restrictions placed on use and disclosure of protected health information a Form to Request Restrictions.
2. We will agree to requested restrictions if, in the judgment of a licensed healthcare professional, we believe the restriction will not limit our ability to provide quality healthcare treatment or manage our healthcare operations, and if our information management procedures and systems will permit us to comply consistently with the requested restrictions. We will also provide confidential communications by alternative means or to an alternative means or to an alternative address provided if we obtain assurance that payment for our healthcare services will be handled and we receive specification of the alternative address or other method of contact.

Procedure:

1. When an individual requests restrictions, supply the individual with our Form to Request Restrictions
2. The Physical Therapist will review the Form to Request Restrictions and determine whether we are able to accept the restrictions. The Physical Therapist will complete and sign the Form to Request Restrictions, supply the individual with a copy, and place the original in the individual's permanent health record. The Physical Therapist will also make the necessary postings to the individual's health record and/or billing record to enable the restrictions to be carried out.
3. if the individual makes the request for restrictions in our office, we will attempt to complete the Form to Request Restrictions during the time the individual is present in our office, but no later than 30 days after receipt.
4. If at any time we find that we cannot carry out the restrictions requested by an individual, we will prepare a written notice to send to the individual terminating our agreement, which will be applicable only to information created or received after such notice has been sent to the individual.

5. We will accept a written request from the individual to terminate the restrictions at any time or will document any oral request to terminate restrictions from the individual. If an oral request is received, this will be documented on the original Form to Request Restrictions, a copy of which will be supplied to the individual.

Policy and Procedure on Requesting Confidential Handling of Information

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility: Physical Therapist or Physical Therapy Assistant

Purpose:

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to inform our patients of their right to request confidential handling of their protected health information when it is sent to them.

General Policy:

It is our policy to accommodate reasonable requests regarding the confidential handling of protected health information, and to maintain that confidential treatment consistent with the patient's request.

Definitions and Regulatory Requirements

Protected Health information: Individually identifiable health information, including information that is maintained in our medical records and billing records.

Confidential Communications Requirements: A covered health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the covered health care provider by alternative means or at alternative locations.

Conditions on providing confidential communications:

- 1.) A covered entity may require the individual to make a request for a confidential communication in writing.
- 2.) A covered entity may condition the provision of a reasonable accommodation on:
 - a. When appropriate, information as to how payment, if any, will be handled; and
 - b. Specification of an alternative address or other method of contact.
- 3.) A covered health care provider may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

Procedure:

1. Patients may request confidential handling of health information by submitting a request, in writing, in one of the following ways:

- a. In person, on our Request for Confidential Handling of Health Information Form;
- b. By mail, either on our Request for Confidential handling of Information Form or in a letter containing the necessary information specified below. All requests should be mailed to:

Sirona Physical Therapy
805 12th Street
Golden, CO 80401

All requests should be directed to the Physical Therapist or Physical Therapy Assistant

The request must supply the following details about the protected health information the individual wants confidentially handled.

- a. The type of information, specifying if the request is limited to a particular illness or treatment or all health information exchanges;
- b. The time period for which the request applies;
- c. The manner in which payment will be received, if confidential handling of billing matters pertaining to the type of information is also requested;
- d. The manner in which the patient wishes to receive confidential communications, with any alternate information necessary to deliver information in the requested manner.

2. When a request for confidential handling is made by a patient:

- a. Validate the request with the individual. If the request is received by mail, call the contact phone number and ask to speak with the patient to confirm the request. If the request is made in person, request confirmation of identity, if needed. Employees may not ask the patient why the patient is requesting the confidential communication.
- b. If the request involves billing information confirm that the commitment for payment will be satisfied and hold confidential mailing until any payment due is received. For future billing, ensure that an agreement to pay at the time of visit is signed. Place a prominent note in the file or have a flag in your scheduling system that payment is required at the time of visit.
- c. If the request is for an alternate address, enter the address into the patient's address file as the required confidential address.
- d. If the request is to pick-up the confidential information in person, highlight the requirement for easy recognition by staff handling correspondence.
- e. If the request is time limited, flag the end date for confidential handling of information in the appropriate files and systems.
- f. Place a copy of the Request for Confidential Handling of Information Form in the patient's medical record and place a copy in your Risk Management file.

Sirona Physical Therapy
805 12th Street
Golden, CO 80401
303-279-9728

Request for Confidential Handling of Health Information

I, _____ (Print Name), request confidential handling of correspondence regarding my health information for the period:

FROM: _____

TO: _____

This request applies to health information involving:
Please be as specific as possible, e.g., treatment regarding a given illness or diagnosis

Do you want confidential handling of billing matters pertaining to the information described above? YES NO

If yes, please sign the following:

Patient Signature: _____

Date: _____

I have selected to receive confidential communications in the following way:

Patient will pick up communications at the provider's office

Patient will receive any information at an alternate mailing address.

Please use the following mailing address for all health information communications that fit in the description provided above.

PRINT MAILING ADDRESS

PRINT CITY: _____ STATE: _____ ZIP CODE: _____

If you have any questions concerning this confidential handling, please contact:

_____ (720)963-1200 DATE: _____

Signature of Physical Therapist or Physical
Therapy Assistant

Printed Name of Physical Therapist or Physical Therapy Assistant

Policy and Procedure on the Handling of Privacy Complaints

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility: Physical Therapist

Purpose:

The purpose of this policy is to comply with the privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to afford our patients the right to file complaints, have the complaint investigated and, if appropriate, receive the disposition of the complaint pursuant to the HIPAA privacy rules and our implementing policies and procedures.

General Policy:

It is our policy to keep a record of all complaints and to investigate all valid complaints to determine the circumstances surrounding any concerns our patients raise regarding privacy. If a patient's privacy rights have been infringed upon in any way, or there is evidence that our staff or associates have not adhered to the privacy standards or our policies and procedures, we will take actions consistent with the HIPAA regulations and our Policy and Procedure on Personnel Discipline for Breach of Privacy or Confidentiality and document these actions accordingly.

The HIPAA privacy regulations give all individuals the right to file complaints to Sirona Physical Therapy and the Office of the Secretary in the Federal Department of Health and Human Services.

Under no circumstances will the fact that an individual has filed a complaint affect the services provided to that individual. Any staff found to be treating any individual differently in light of a complaint will be sanctioned. Any retaliation is prohibited by law.

Procedure:

1. Patients may file privacy complaints by submitting them, in writing, in one of the following ways:

- a. In person, on our Privacy Complaint Form;
- b. By mail, either on our privacy Complaint Form or in a letter containing the necessary information specified below. All requests should be mailed to:

Allison Schatz Hildreth
Sirona Physical Therapy
805 12th Street
Golden, CO 80401

- c. By facsimile machine at (303) 278-0180.

All privacy complaints should be directed to the Privacy Officer.

The complaint must describe the privacy concern in as much detail as possible including when the infraction of the standards or mishandling of protected health information was believed to have occurred, and who, if known, was believed to have acted inappropriately with respect to protected health information or an individual's privacy rights. The complaint must include the following information:

- a. The type of infraction the complaint involves (i.e. inappropriate handling of PHI, appropriateness of privacy policies and processes);
- b. A detailed description of the privacy issue;
- c. The date the incident or problem occurred, if applicable;
- d. The mailing address to which a formal response to the complaint may be sent.

2. When a privacy complaint is filed by a patient:

- a. Validate the complaint with the individual. If the complaint is received by mail, phone, fax or email call existing contact phone number and ask to speak with the patient to confirm the complaint. If the complaint is made in person request confirmation of identity, if needed, and validate the facts of the complaint.
- b. If the complaint appears to be a misunderstanding of the requirements or your policies and procedures, contact the patient and determine if, based on a more in depth discussion of the concern, the individual still wants to file a complaint. Be as courteous as possible. **UNDER NO CIRCUMSTANCES SHOULD A PATIENT FEEL PRESSURED OR COERCED EVEN IF YOU BELIEVE THEY ARE STILL MISUNDERSTANDING THE RULES OR POLICIES.** If the individual does not want to pursue the complaint any further indicate **“no further action required based on clearer understanding”**, record the date and time, and file under dismissed complaints.
- c. Once validated and if not dismissed, log the complaint by placing a copy of the complaint form in the complaint file and the patient's medical record.
- d. Investigate the complaint by reviewing the circumstances with the relevant staff and reviewing any audit and monitoring logs that may have relevance to the complaint. If the complaint involves any issues with an individual's rights that have attendant documentation e.g., consent or authorization processes or confidential requests, pull all relevant forms. Complete the complaint investigation section of the complaint form with a summary of your findings.
- e. If you determine the complaint is invalid, draft a letter stating the reasons the complaint was found invalid. Initially, letters should be reviewed by an impartial, knowledgeable staff person or lawyer for tone and rationale. Standard letters will likely emerge over time. File a copy of the letter and form in the investigated complaints file.
- f. If you are uncertain about your findings get a second opinion from your HIPAA privacy committee or your lawyer.

- g. If you determine the complaint is valid and linked to a required process or an individual's rights, follow your office sanction policy to the extent that an individual is responsible. If the complaint involves your office's compliance with the standards that do not involve a single individual e.g., policies and procedures themselves versus adherence to them, then begin the process to revise your current policies and procedures.
- h. Once an appropriate sanction or action has been taken with respect to a complaint with merit, or if the response will take more than 30 days, draft a letter explaining the findings and the associated response or intended response. use the same review process as for the invalid complaint letter in e. Document the disposition of complaint on the complaint form and file the letter and form in the investigated complaints file.
- i. Place a copy of the Complaint Form in the patient's medical record.

Sirona Physical Therapy
805 12th Street
Golden, CO 80401

Privacy Complaint Form

I, _____ (Print Name), am registering a formal complaint regarding Sirona Physical Therapy.

The complaint involves:

- Appropriateness of Sirona Physical Therapy's privacy policy and processes.
- My privacy rights to notice, consent, authorization, access, amend, request restrictions, confidential communications or accounting of disclosures.
- Inappropriate handling of protected health information.
- Other

A detailed description of the privacy issue involved in the complaint is provided below:

The incident or problem occurred on _____ (month/day/year), if applicable.

I can be reached at _____ (please provide a day time number).

X _____ **DATE:** _____
PATIENT'S SIGNATURE

Please use the following mailing address for a formal response to this complaint.

PRINT MAILING ADDRESS:

Print City: _____ State: _____ Zip Code: _____

If you would like to follow up on the status of your complaint, please contact

X _____
Allison Schatz Hildreth

(303)279-9728

For Office use Only	Dismissed	Investigated	Invalid	Has Merit

Summary of investigation:

Response to complaints with merit:

Staff involved in review:

NAME: _____

DATE: _____

NAME: _____

DATE: _____

NAME: _____

DATE: _____

NAME: _____

DATE: _____

Policy on Minimum Necessary Information

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility: Physical Therapist or Physical Therapy Assistant

It is crucial that every staff member understands the minimum necessary policy for use, disclosure and request of protected health information.

Healthcare providers and staff are entitled to use PHI consistent with their roles in this organization. Each staff member must also understand that with this right come certain responsibilities such as limiting the viewing, use, disclosure and requesting to only that data necessary for patient treatment, reimbursement for treatment and healthcare operations. It is considered a breach of policy and the patient's trust to seek information beyond what is appropriate for the staff role and the patient needs.

In the event of an emergency, the strict limits of access may be breached when appropriate for the benefit of the patient, specifically when the potential benefit to the patient is judged to outweigh the risk to patient privacy.

Purpose:

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to ensure our patients' rights to the minimum necessary use and disclosure of their protected health information.

General Policy:

1. When using or disclosing protected health information or when requesting protected health information from another covered entity, each staff member of Sirona Physical Therapy must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

This requirement does not apply to disclosures to a health care provider for treatment, uses or disclosures made to the individual, uses or disclosures made pursuant to an authorization for release signed by the patient or the patient's representative, disclosures made to the Secretary of Health and Human Services, disclosures that are required by law (as described by Sec. 164.512(a) of the Privacy Regulation) and uses or disclosures that are required for compliance with the Privacy Regulation.

2. It is necessary that the different roles in Sirona Physical Therapy be defined so that each staff member understands their own rights and responsibilities.

Office Role Categories:

Direct Healthcare Provider – A licensed healthcare professional who provides direct or indirect patient care or consulting services.

Technical Staff – Staff who provide patient care at the request of a direct healthcare provider.

Direct Support Staff – Staff who work within the office providing a variety of professional and direct administrative support that involves the delivery of patient care or billing operations.

Indirect Support Staff – Staff who work within the office providing administrative support.

Data Access Categories

Full Health Information Access – Access to full health information as needed for health or payment operations. Staff in this category may access and read all appropriate information.

Summary Data Access – Access to summary data with treatment or diagnostic codes as needed to function. Staff in this category should confine the use of protected health information to the absolute minimum required and should not access or read full medical records.

Minimum Information Access – Access to patient demographic data with only minimum reference to treatment or diagnostic information as needed to function.

Emergency Information – Access to any individually identifiable health information should not be granted except in emergency situations.

Usage Assignments

Data Access Categories are assigned in accordance with the operational requirements for minimum necessary use.

Direct Healthcare Providers have access to full health information with the clear understanding that access and reading is limited to need for treatment, reimbursement or operations.

Technical Staff have access to full health information with the clear understanding that access and reading is limited to need for treatment, reimbursement or operations.

Direct Support Staff have access to summary data with the clear understanding that access and reading is limited to need for treatment, reimbursement or operations.

Indirect Support Staff have access to summary data with the clear understanding that access and reading is limited to need for treatment, reimbursement or operations.

Sirona Physical Therapy will maintain a current office role directory that lists every defined position within the office. This will ensure that each position will be granted the correct access authorization as defined in the Usage Assignments section of this policy.

It is incumbent on every staff member to report any observed violation of these usage rules to the Privacy Officer or another senior staff member. Every staff member must be trained in their roles and responsibilities with reference to the minimum use and access to patient data.

It is considered a breach of organization policies and the patient's trust to seek information beyond what is appropriate for the staff role and the patient needs.

In the event of an emergency, the strict limits of access may be breached when appropriate for the benefit of the patient, specifically when the potential benefit to the patient is judged to outweigh the risk to patient privacy.

Disclosures for Treatment, Payment or Health Operations:

The regulations establish that routine and recurring disclosures of protected health information can be made for treatment, payment or health operations without specific patient authorization. The minimum necessary requirements still pertain to all of these disclosures.

Minimum necessary determinations will be made for all routine and recurring disclosures for all categories (other than those that are excepted); these categories will include, for example, additional medical information for medical necessity determination, sample records for accreditation and audits, records review for protocol adherence, patient information for participation in a clinical trial, paper claims, phone referral certification information and other categories as determined necessary.

Full health information will be provided to routine and recurring requests from:

- 1) Health Plans
- 2) Healthcare Providers
- 3) Patients
- 4) Family Members involved in care
- 5) Workers' Compensation Providers
- 6) Insurers
- 7) Transcription Services
- 8) Billing Services

Summary data with treatment and or diagnostic codes will be provided to routine and recurring requests from:

- 1) Billing Services
- 2) Clearinghouses

Minimum information – patient demographic data with only minimum reference to treatment or diagnostic information – will be provided to routine and recurring requests from:

Every effort will be made to comply with these disclosure categories except where the cost of extracting information is not reasonable and the risk of breach of patient privacy is considered

low. In all situations, the requestor will be informed of their responsibilities towards this data and appropriate agreements entered into.

All non-routine and/or non-recurring requests will be considered on a case-by-case bases and determination of the level of response will be based on criteria that take into account the minimum necessary requirements.

Requests for Information:

The regulation establishes that for routine and recurring requests the responsibility for determining the minimum necessary data falls on the requestor, in all situations where data are requested, staff members must ensure that minimum necessary evaluation is made. In situations where the determination has not been made, questions should be directed first to the Privacy Officer and then to the Physical Therapist.

Minimum necessary determinations will be made for all routine and recurring requests for all categories; these categories will include, for example:

Reason for visit

Vital medical stats

Medical records for referral

Referral authorization, if non-standard

Test results

Patient messages from an answering service

Office Role Directory

Sirona Physical Therapy

The following is a current list of all positions currently defined for Sirona Physical Therapy. They are listed according to the Office Role Category (as defined in the Policy on Minimum Necessary Information) to which they belong. The Office Role Category determines the type of information access each position requires to function.

Direct Health Care Providers:

- 1.) Physical Therapist

Technical Staff:

- 1.) Physical Therapy Assistant

Direct Support Staff:

- 1.) Front Desk Administrator

Indirect Support Staff:

Policy and Procedure on Uses and Disclosures of Protected Health Information

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility:

1. It will be the responsibility of the Physical Therapist or Physical Therapy Assistant to obtain a signed Authorization Form from our patients, or the patients authorized representative, when they request release of information.
2. It will be the responsibility of the Privacy Officer at (303) 279-9278, to respond to questions about the Authorization Form.

General Policy

1. It is mandatory that a valid authorization from the patient, legal guardian if the patient is incompetent, or next-of-kin if the patient is unable to consent, be provided in order for any protected health information to be released, except as provided for in #2.

When a person other than the patient requests disclosure of PHI, staff should verify the identity of the individuals and obtain any documentation, statements, or representation of the person's requesting the information.

2. Uses and disclosures for which consent, authorization, or opportunity to agree or object is not required can only occur under special circumstances. See excerpt from federal regulations, **Federal Register, Thursday, December 28, 2000, 45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule**, for specific guidance.
3. It is our policy to fulfill requests for information within 30 days of receipt of a valid Authorization for Release of Information Form.

Procedure

1. When a request for release of information is made, the Authorization for Release of Information Form must be completed by the patient, legal guardian, or next-of-kin. The Form must contain:
 - a. Name or other specific identification of the person(s) or class of persons authorized to make the requested use or disclosure, or to whom we may make the requested use or disclosure. Obtain complete information on the name, address, phone and fax number of the person(s) to whom the patient is authorizing release of information.
 - b. Description of the information to be used or disclosed must be checked off and dates or date range specified.

- c. Date on which the authorization expires. This is 1 year days from the date of the request. This date should be calculated and recorded in the “FOR OFFICE USE ONLY” box on the Authorization of Release of Information Form.
- d. Signature of patient, or legal guardian or next-of-kin, and date signed. If someone other than the patient is signing the authorization form, that individual’s relationship to the patient must be stated. If a request for release of information is received in the mail or via fax, verify the signature on the Form against a sample signature in the medical record.

2. The form requests the patient to identify the purpose of the disclosure. This is not required, but is desirable in order for us to provide a proper accounting for disclosures of information, should the patient so request such an accounting.

3. If we are requesting the patient to authorize release of information, we must supply a reason on the Form in response to question #4 on the Form and indicate whether or not we will receive financial or in-kind compensation in exchange for using or disclosing the health information described. If this does not apply to a given patient, this section should be marked through.

4. We do not charge a fee for fulfilling requests for release of information to other physicians, for continuing care, for school purposes, for insurance, or for Workers’ Compensation. For all other requests for release of information we will charge a fee of \$64.00. Record the amount collected in the “FOR OFFICE USE ONLY” box on the Authorization of Release of Information Form.

5. Upon fulfilling the request, we will indicate the date the request was made and who filled out the request. At this time, the expiration date should be verified to ensure that the release of information is timely. If the information was supplied to someone other than the patient, in person, we will obtain photo identification before releasing the information to that individual. Record in the “FOR OFFICE USE ONLY” box on the Authorization of Release of Information Form what type of photo identification was checked (e.g., drivers’ license, passport).

6. If the request for a disclosure of PHI is made when patient authorization is not necessary, verify the identity of the person or the public official, if the request is made face-to-face, otherwise validate that the company letterhead is official. If an employee has a doubt on the validity, the employee should contact the Privacy Official prior to making a disclosure.

7. If the request is from an attorney, it will be honored only upon receipt of a valid Authorization for Release of Information Form or court order directing the office to release information to the specific named attorney. If the request is from an attorney or marked for legal purposes, all physicians who attended the patient must be notified.

8. If the request is from a patient for access to his or her own information, follow our Policy and Procedure on patient’s Right to Access Health Information. Such requests must be fulfilled within 30 days of receipt of the request.

Policy and Procedure for Informing Individuals Concerning Opportunity to Accept/Reject Certain uses and Disclosures

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility:

It will be the responsibility of the Physical Therapist to exercise professional judgment to use or disclose information where authorization is not required, but the individual must be given an opportunity to agree or object.

General Policy:

Our Notice of Privacy Practices will identify the circumstances in which we may use or disclose protected health information for which authorization is not required, but the individual must be given an opportunity to agree or object. These circumstances include:

1. Uses and disclosures of protected health information that we believe in our professional judgment to be in the individual's best interest for purposes of care or for notification of the individual's general condition, location, or death. Such disclosures may include making health information directly relevant to the individual's care or payment related to care available to a family member, personal representative, or another person responsible for the individual's care or payment related to care available to a family member, other relative, close personal friend, or any other person identified by the individual as involved in care or payment of care. We may disclose health information to notify a family member, personal representative, or another person responsible for the individual's care concerning the individual's general condition, location, or death. We may also disclose health information about the individual to an entity assisting in a disaster relief effort so that the individual's family can be notified about the individual's general condition, location, or death.
2. Using and disclosing protected health information to contact the individual as a reminder that the individual has an appointment. We must give the individual the right to request that such confidential communication be sent to an alternative location or by an alternative means.
3. Using and disclosing protected health information to tell the individual about health-related services or recommend possible treatment options and/or alternatives that may be of interest to the individual. Such marketing communications must occur in one of the following ways:
 - a. In a face-to-face encounter with the individual.
 - b. In a written communication from us or one of our business associates concerning products or services of nominal value where we are identified as making the communication, we prominently state if we have received or will receive direct or indirect remuneration for making the communication, and we describe how the individual may opt out of receiving future such communications.

4. Using and disclosing PHI for a facility directory, without specific written authorization from the individual. The directory may include the following information: name, location in facility, condition in general terms (no specific medical information may be disclosed), and religious affiliation. Information in the directory may be disclosed (a) to members of the clergy or (b) to individuals who ask for the individual by name. If the individual objects or wishes to restrict or prohibit some or all uses of the information for the purpose describe above, Physical Therapist shall make the necessary notes/edits to the patient's charts and/or registration materials to ensure that the information is restricted.

5. Using protected health information about the individual to contact the individual in an effort to raise money for our not-for-profit operations. We may disclose health information to a foundation related to our practice so that the foundation may contact the individual in raising money for our practice. We only will release contact information; such as the individual's name, address, and phone number and the dates the individual received treatment or services from us. the fundraising communication must include a description of how the individual may opt out of receiving any further fundraising communications.

Procedure:

1. When an individual is present or otherwise available prior to a use or disclosure for which an authorization is not required but the individual must be given an opportunity to agree or object, we may obtain the individual's oral agreement, inform the individual of our intent and provide the individual the opportunity to object, or reasonably infer from the circumstances that the individual does not object to the disclosure. For example, if we request an individual to complete an appointment reminder post card, we may infer from the individual's completion of the card that there is no objection to this disclosure. If we plan on calling the individual, however, we will inform the individual that a call will be made and ask if there is any objection or alternative telephone number for us to call.

2. If the individual is not present or the opportunity to agree or object cannot practicably be provided because of the individual's incapacity or an emergency circumstance, we may exercise professional judgment to determine whether the disclosure is in the best interest of the individual. If so, we will disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care. For example, we will infer there is no objection if a person is acting on behalf of the individual to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information. However, if a known family member, other relative, close personal friend, or other person involved in the individual's care is present in our office and does not volunteer to act on behalf of the individual, we will not infer that there is no objection to disclosing protected health information and we will not disclose such information.

3. if the individual is sent any marketing or fundraising communications for which we do not have specific restrictions on file, we will ensure they meet the requirements set forth in HIPAA's privacy rule and will include a description of how the individual may opt out of receiving any further such communications.

4. if the individual has filed a Form to Request Restrictions that cover any of the above disclosures of protected health information, we will accept such restrictions and take every measure practicable to not disclose such information.

Policy and Procedure on De-Identification of Protected Health Information

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility: Physical Therapist or Physical Therapy Assistant

General Policy:

Our policy on Uses and Disclosures of Protected Health Information serves as our guideline as to when it is acceptable to release individually identifiable health information to other persons or organizations. For all other uses and disclosures, we will require the removal of information which may be used to identify the individual patient. We will de-identify individually identifiable health information by removing the following specified identifying characteristics of the individual patient or of relatives, employers, or household members of the individual patient:

Names

All geographic subdivisions smaller than a state including:

- Street address
- City
- County
- Precinct
- Zip code, and their equivalent geocodes, except for the initial three digits of a zip code

All elements of dates (except year) for dates directly related to an individual. This will include:

- Birth Date
- Admission date
- Discharge date
- Date of death
- All ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older

Telephone numbers

Fax numbers

Electronic mail addresses

Social security numbers

Medical record numbers

Health plan beneficiary numbers

Account numbers

Certificate/license numbers

Vehicle identifiers and serial numbers, including license plate numbers

Device identifiers and serial numbers

Web Universal Resource Locators (URLs)

Internet Protocol (IP) address numbers

Biometric identifiers, including finger and voice prints

Full face photographic images and any comparable images

Any Other unique identifying number, characteristic, or code

If we have any reason to suspect or know that, after de-identifying the information, the individual patient could still be identified, we will take additional reasonable steps to remove such information.

If we are unable to adequately de-identify data for a requested purpose, we will either seek written authorization to release the data or will refuse to release the data.

De-identified data will result in the creation of a new set of data. It will not require the destruction or altering of original data.

Should we believe we will have needs to re-identify the information at any time in the future, we may assign the de-identified information for each individual patient a special code. This code may not be derived from or related to information about the individual and may not be able to be translated in such a manner as to identify the individual except by persons authorized in this practice to do so. No one outside of this practice is permitted to disclose the codes or their means of creation that are designed to re-identify individual patients. Any such disclosure will constitute disclosure of protected health information and if disclosed in a manner inconsistent with our policy on Uses and Disclosures of Protected Health Information will be subject to disciplinary action up to and including termination in accordance with our Human Resources Policy.

This policy applies regardless of whether the original information is in manual or electronic form.

Procedure on De-Identification of Protected Health Information

1. All employees will be trained in the de-identification policy and importance of de-identifying individually identifiable information except:

- a. for uses or disclosures for treatment, payment or operations;
- b. when disclosure is required by law or other disclosures allowable without authorization; and
- c. when an authorization to release the information has been obtained.

2. It is generally the responsibility of the Physical Therapist or Physical Therapy Assistant to assure that patient information has been de-identified in accordance with our Policy on De-Identification of Protected Health Information. This responsibility can be delegated to other health information management (HIM) specialists or information system specialists within our practice as appropriate.

3. Where large quantities of information, from either a manual or electronic source must be de-identified, we may engage the services of an outside business entity. That entity will be required to execute our Business Associate Contract before releasing any patient health information to them for purposes of de-identifying it.

4. If unable to adequately de-identify information for a requested purpose other than as specified in #1 above, seek written authorization to release the information, or refuse to release the information.

Policy and Procedure on Accounting for Disclosures

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DDT

Responsibility: Physical Therapist or Physical Therapy Assistant

Purpose:

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to afford our patients the right to request and receive and accounting of disclosures we make concerning their health information.

General Policy:

It is our policy to keep an accurate accounting of all applicable disclosures that we make of our patients' protected health information; and to provide an accounting of those disclosures to patients who may request an accounting, as permitted by law.

Definitions:

Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside of this office.

Applicable Disclosure refers only to those disclosures of patients' protected health information made *for reasons other than:*

To carry out treatment, receive reimbursement, or carry out our operations;

To the patients themselves;

Relating to a use or disclosure otherwise permitted or required;

Pursuant to an authorization;

To persons involved in a patient's care;

For national security or intelligence purposes (as specified in our policy on Authorization for Release of Information);

To correctional institutions or law enforcement officials under certain circumstances (

Policy and Procedure on Accounting for Disclosures

Sirona Physical Therapy

Date: September 1, 2004

Authority: Allison Schatz Hildreth, DPT

Responsibility: Physical Therapist or Physical Therapy Assistant

Purpose:

The purpose of this policy is to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and to afford our patients the right to request and receive an accounting of disclosures we make concerning their health information.

General Policy:

It is our policy to keep an accurate accounting of all applicable disclosures that we make of our patients' protected health information; and to provide an accounting of those disclosures to patients who may request an accounting, as permitted by law.

Definitions:

Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside of this office.

Applicable disclosure refers only to those disclosures of patients' protected health information made for *reasons other than*:

To carry out treatment, receive reimbursement, or carry out our operations;

To the patients themselves;

Relating to a use or disclosure otherwise permitted or required;

Pursuant to an authorization;

To persons involved in a patient's care;

For national security or intelligence purposes (as specified in our policy on Authorization for Release of Information);

To correctional institutions or law enforcement officials under certain circumstances (as specified in our policy on Authorization for Release of Information);

As part of a limited data set.

Protected health information means individually identifiable health information, including that maintained in our medical records and billing records.

Procedure:

1. Patients may request an accounting of disclosures by submitting a request in writing on our Request for Accounting for Disclosures Form to our Physical Therapist or Physical Therapy Assistant. The request must state the time period for which the accounting is to be supplied, which may not be longer than six years.
2. When a request for an accounting of disclosures is made by a patient:
 - a. Obtain the patient's medical record.
 - b. Review the medical record to determine if it contains a written statement from a health oversight agency or law enforcement official that such an accounting to the patient must be suspended because such an accounting would impede the agency's activities. If such a statement exists, review the time period of the suspension. If the suspension is for less than 60 days from the date of receiving the request, hold the request until the suspension period has ended and then process the request. If the suspension is for more than 60 days from the date of receiving the request, send the Accounting for Disclosures Form indicating that we are temporarily unable to process the accounting due to a suspension required by law, but will comply with the request when the suspension has been lifted, and specify the date on which the suspension will be lifted. If the time period for suspension has passed, proceed to process the request.
 - c. Review the section of the medical record that contains authorizations and requests for disclosures to determine which disclosures are applicable to the accounting (see Definitions above) and within the time period being requested.
 - d. Complete the Accounting for Disclosures Form to supply the date(s) of disclosure(s), name(s), and address(es) of organizations or persons to whom the disclosure(s) were made, a brief description of the protected health information disclosed, the purpose of the disclosure(s), and the name of our Physical Therapist or Physical Therapy Assistant and date the Form was mailed.
 - e. If, during the period covered by the accounting, the covered entity has made disclosures of protected health information for a particular research purpose for 50 or more individuals, the accounting may provide the name of the protocol or research activity, a description the protocol or research activity (including the purpose of the research and the criteria for selecting particular records), a brief description of the type of protected health information that was disclosed, the date of disclosure(s), the name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed and a statement that the protected health information of the individual may or may not have been disclosed for a particular protocol or research activity. Also, then we will provide assistance if an individual or entity requests in contacting the entity that sponsored the research and the researcher.
 - f. Frequent Disclosures. If multiple disclosures of PHI have been made to the same person or entity for a single purpose, the accounting may describe the four elements listed above for the first disclosure during the accounting period, the frequency or number of disclosures during the accounting period, and the date of the last disclosure.

- g. Send the Accounting for Disclosures Form to the patient within 60 days of receiving the request. if we are unable to complete this process within 60 days, send the Accounting for Disclosures Form to the patient indicating we will need a 30 day extension to complete the process, indicate the date on which we will supply the accounting, and check off the reason for the delay.
- h. Place a copy of the Accounting for Disclosures Form in the patient's medical record and place a copy in your Risk Management file.

3. We will provide the first accounting to a patient in any 12-month period without charge. For any subsequent request within the 12-month period, we will charge \$45.00, as specified on the Request for Accounting for Disclosures Form. (A patient who does not wish to pay for subsequent accountings may withdraw the request and no accounting will be made).

Sirona Physical Therapy
805 12th Street
Golden, CO 80401
303 279-9728

Request for Accounting for Disclosures of Health Information

I, _____ (Print Name), request an accounting for disclosures of my health information for the period:

FROM: _____

TO: _____

I understand that this accounting for disclosures will include disclosures made only to those organizations or persons *other than*:

to those for whom use and disclosure of my health information was made to carry out my treatment, process payment for my health care, or carry out your operations

to myself or persons involved in my care

for national security or intelligence purposes (as specified in your Notice of Privacy Practices)

to correctional institutions or law enforcement officials under certain circumstances (as specified in your Notice of Privacy Practices)

_____ I understand that I may receive the first accounting for disclosures within a 12-month period at no charge.

_____ I understand that I am requesting a second or subsequent accounting in a 12-month period and will pay the charge of \$45.00 for this accounting.

Send this accounting to:

PRINT MAILING ADDRESS

PRINT CITY: _____ STATE: _____ ZIP CODE: _____

X _____ DATE: _____

PATIENT SIGNATURE

Accounting for Disclosures

_____ There were no applicable disclosures made of your health information for the period you specified.

_____ Disclosures of your health information were made by this office to:

Date of Disclosure	Name and Address to Whom Disclosed	Description of Information Disclosed	Purpose of Disclosure

We are temporarily unable to process the accounting for disclosures you have requested due to:

_____ a suspension required by law

_____ other: _____

If you have any questions concerning this accounting for disclosures, please contact:

X _____ (303) 279-9728 DATE: _____
Signature of Physical Therapist or
Physical Therapy Assistant

X _____
Printed Name of Physical Therapist or Physical Therapy Assistant

For Office Use Only	Last	PAID
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Privacy Official Job Description

Sirona Physical Therapy

JOB DESCRIPTION:

Job Title: Privacy Official

Summary: The Privacy Official oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to the practice's policies and procedures covering the privacy of and access to patients' protected health information in compliance with federal and state laws and the practice's information privacy practices.

Duties:

1. Identifies need for, develops, implements, and maintains the practice's policies and procedures for protecting individually identifiable health information in coordination with the Board of Directors.
2. Performs information privacy risk assessment and conducts related ongoing compliance monitoring activities in coordination with the practices, business associate contracts, and other documents required under HIPAA's Standards for Privacy of Individually Identifiable Health Information.
3. Works with the practice's Board of Directors and legal counsel to develop and maintain appropriate authorization forms, notice of privacy practices, business associate contracts, and other documents required under HIPAA's Standards for Privacy of Individually Identifiable Health Information.
4. Ensures compliance with the practice's privacy policies and procedures and consistent application of sanctions for failure to comply with privacy policies for all members of the practice's workforce (as defined in HIPAA's Standards for Privacy of Individually Identifiable Health Information) and business associates.
5. Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the practice's privacy policies and procedures.
6. Oversees, directs, delivers, or ensures delivery of, including the tracking of attendance, information privacy training for the practice and other appropriate parties. Initiates, facilitates, and promotes activities to foster information privacy awareness within the practice and related entities.
7. Reviews all information system-related security plans to ensure alignment between security and privacy practices.
8. Cooperates with the Office of Civil Rights, other legal entities, and Board of Directors in any compliance reviews or investigations.

9. Serves as a member of the practice's privacy board, which it has constituted for the purpose of overseeing use of individually identifiable health information without the individual's authorization for purposes of research.

Reporting Relationship: For this function, the Information Security Officer reports to the owner.

Qualifications:

Experience in the administration and functions of a physical therapy clinic.

Current knowledge of applicable federal and state privacy laws and accreditation/licensure standards pertaining to health care.

Familiar with advancements in information privacy strategies and technologies to ensure practice adaptation and compliance.

Demonstrated organization, facilitation, communication, and presentation skills.

Professional certification as a Registered health Information Administrator (RHIA) or Registered Health Information Technician (RHIT) through the American Health Information Management Association (AHIMA) or completion of privacy official training through a program/organization endorsed by the American Physical Therapy Association (APTA) is desirable.