



## HIPAA Notice of Privacy Practices

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

This notice of Privacy Practices describes how we may use and disclose your protected health information for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and any related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice at any time. A new Notice will be effective for all PHI that we maintain at the time of the Notice. We will notify you at your next visit of any changes to this Notice, and provide you with a revised copy at your request. A copy of this Notice can be obtained at our office or on our website [www.lymphedemarehab.com](http://www.lymphedemarehab.com).

### **Uses and Disclosures of Protected Health Information**

Your PHI may be used and disclosed *without your prior authorization* by any employee of Lymphedema Rehab, to include therapists and office staff, as well as by anyone outside of our office that are involved in your care/treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the practice, and any other uses required by law.

**Treatment:** We will use and disclose our PHI to provide, coordinate, or manage your healthcare and any services related to it. This includes the coordination/management of your healthcare with a third party. For example, once we have completed your initial evaluation, we may send a copy of our report to your referring physician. This ensures that everyone is on the same page in terms of your care so that you receive the optimal treatment from all healthcare providers. Another example would be that we may disclose your PHI to a home health agency that provides care to you so that they may treat you appropriately.

**Payment:** Your PHI will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for your therapy visits may require that your relevant PHI be disclosed to your health insurance company to obtain approval for your visits. Also, after you receive services, your PHI, to include details such as your diagnosis, treatments you received, and other identifying information, may be sent to third party payers to allow us to get paid for your treatment.

---

### **Lymphedema Rehab**

6 Loudon Road, Suite 203 | Concord, NH 03101  
(603) 227-6614 | [LymphedemaRehab.com](http://LymphedemaRehab.com)

**Healthcare Operations:** Your PHI will be used, as needed, to support the business activities of the therapy practice. These activities include, but aren't limited to, quality assessment activities, employee review activities, training of therapy/medical students, licensing, and conducting/arranging for other business activities. For example, we may disclose your PHI to therapy students that see patients at our office. We may also use a sign in sheet at the receptionist desk or call you by name from the waiting room when your therapist is ready to see you. We may use/disclose your PHI, as needed, to contact you to remind you of your appointment.

Your PHI may be used and disclosed in the following instances in which *you have the opportunity to object*. If you are not present or able to object, your healthcare provider may use their professional judgement to determine whether the disclosure of your PHI is in your best interest. In this case, only the PHI that is relevant to the particular situation will be disclosed.

**Others involved in your healthcare:** Unless you object, we may disclose relevant PHI as it pertains to your healthcare to a relative, close friend, or any other person you identify to us. If you are unable to agree or object, we may disclose any information that we determine is in your best interest based on our professional judgement. We may use/disclose your PHI to notify/assist in notifying a family member, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use/disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

**Emergencies:** We may use/disclose your PHI in an emergency treatment situation. If this were to happen, we will try to obtain consent as soon as reasonably possible after the delivery of emergency treatment. If your healthcare provider, or another healthcare provider, is required by law to treat you and the healthcare provider was unable to obtain your consent (despite attempts to obtain your consent), he/she may still use/disclose your PHI to treat you.

We may disclose your PHI in the following situations *without your consent or authorization*:

**Required by law:** We may use/disclose your PHI to the extent that the use/disclosure is required by law. The use/disclosure will be made in compliance with the law.

**Public health:** We may disclose your PHI for public health purposes to a public health authority as permitted by law. This disclosure will be made for the purpose of controlling disease, injury, or disability.

**Communicable disease:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease.

**Health oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law. These include audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.

**Abuse or neglect:** We may disclose your PHI to public health authority that is authorized by law to receive reports of abuse or neglect. We may disclose your PHI if we believe that you have been a victim of abuse or neglect to the governmental entity or agency authorized to receive such information. The disclosure, if needed to be made, will be made consistent with the requirements of the laws.

**Food and drug administration (FDA):** We may disclose your PHI to a person/company required by the FDA to report adverse events, product defects, biologic product deviations, track products, to enable product recalls, to make repairs/replacements, or to conduct post marketing surveillance.

**Legal Proceedings:** We may disclose your PHI in response to an order of the court or administrative tribunal (to the extent such disclosure is authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law enforcement:** We may disclose your PHI, as long as legal requirements are met, for law enforcement purposes.

**Coroners, funeral directors and organ donation:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining the cause of death or to assist the coroner/medical examiner to perform other duties allowed by law. We may disclose your PHI to a funeral director, as authorized by law, in order to permit them to carry out their duties. We may disclose your PHI in anticipation of death, and for organ donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that have reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal activity:** We may disclose your PHI, in accordance to the law, if we believe that the use of disclosure is necessary to prevent/lessen a serious threat to the health or safety of a person or the public.

**Military activity and national security:** We may disclose your PHI, if you are an Armed Forces personnel, for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs, or to foreign military authority (if you are a member of the foreign military services).

**Workers' compensation:** We may use/disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use/disclose your PHI if you are an inmate of a correctional facility and your healthcare provider created/received your PHI in the course of providing care to you.

**Fundraising:** We may contact you to raise funds. We may use/disclose your PHI to a business associate or institutionally related foundation for fundraising purposes without your authorization. You have the right to opt out of receiving fundraising communications for us.

**Required uses and disclosures:** Any other uses will be made only with your consent and you will be given the opportunity to object unless required by law.

Other uses/disclosures of your PHI will be made *only with your written authorization* unless otherwise permitted by law as described. You may revoke this authorization at any time in writing, except to the extent that your physical therapist or Lymphedema Rehab has already taken action that is reliant on the use/disclosure indicated in the authorization.

### **Your Rights**

Following is a statement of your rights with respect to your PHI.

**You have a right to inspect and copy your PHI.** You may obtain a copy and inspect your PHI for as long as we maintain the PHI. You must make your request in writing and we must respond to your request within 30 days. If we maintain records in paper, you will receive them in that format. If we maintain them electronically you have the right to review or have copies in an electronic format. We reserve the right to charge reasonable fees for copying and labor time associated with copying and we may require that you make an appointment to inspect your records. Under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled in anticipation or use in a civil, criminal, or administrative proceeding, and PHI that is subject to law that prohibits access to PHI.

**You have a right to request a restriction of your PHI.** You may ask Lymphedema Rehab not to use/disclose any part of your PHI for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family/friends who may be involved in your care. Your request must be in writing, and must state the specific restrictions that you are requesting and to whom you want them to apply. You also have a right to restrict certain disclosures of your PHI to a health plan if you have paid in full out-of-pocket for the healthcare item/service. Your healthcare provider is not required to agree to a restriction that you request. If your healthcare provider believes that it is in your best interest to use/disclose your PHI, then it will not be restricted. You then have the right to use another healthcare provider. If your healthcare provider does agree to the requested restriction, we may not use/disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

**You have a right to request confidential communications by us by alternative means or at an alternative location.** Lymphedema Rehab will accommodate all reasonable requests. All requests must be made in writing and include the location or phone number to indicate where you wish to receive communications.

**You may have the right to have your physical therapist amend your PHI.** You may request an amendment of PHI as long as we maintain the information. You must make your request in writing and we have 30 days to respond. We have the right to deny your request. We will do so in writing and you then have the right to file a statement of disagreement to us. We will then prepare a written rebuttal to your statement and provide you with a copy. If we accept your amendment, we must notify you and make an effort to notify others who may have the original record. We reserve the right to refuse to amend records not created by Lymphedema Rehab.

**You have the right to receive an accounting of certain disclosures that we have made, if any, of your PHI.** This right applies to any disclosures described in this Notice. It excludes disclosures we have made to you, family, or friends involved in your care for general notification purposes. It also excludes disclosures made involving payment, treatment, and healthcare operations. Your request must be made in writing. We reserve the right to change the terms of this Notice, and will notify you of any changes at your next appointment.

**You have a right to obtain a paper copy of this Notice of Privacy Practices from us.** You have a right to obtain a paper copy of this Notice from us by asking the receptionist, or any staff member of Lymphedema Rehab.

**You have a right to receive notifications of a data breach.** We are required to notify you of a breach of any unsecured PHI. This notice must be made within 60 days from when we become aware of the breach. If we are unable to contact you, an alternative notice may be used, such as posting on a website or broadcast media. The notice will include: a description of the breach (including the date, if known), a description of the type of unsecured PHI included in the breach, instructions regarding the measures you should take to protect yourself, correction action Lymphedema Rehab has/will take to investigate the breach, mitigate losses, and protect from further breaches, and Lymphedema Rehab's contact information for any additional questions.

### **Complaints**

You have the right to complain to Lymphedema Rehab or to the Secretary of Health and Human Services if you have reason to believe that your privacy rights have been violated by us in any way. *We will not retaliate against you for filing a complaint.*

**This notice becomes effective on January 1, 2018.**