

Body In Motion Physical Therapy
14154 La Barr Pines Dr, Grass Valley, CA 95949

Notice of Privacy Practices

This notice of Privacy Practices is provided to you as a requirement of Health Insurance Portability and Accountability Act (HIPPA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

Acknowledgement of Receipt of this Notice

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement.

Who Will Follow this Notice

All physicians, licensed health care personnel, employees, staff and other office personnel. Any independent health care professionals who may provide services at our office and are authorized to enter information into your medical record. All students or trainees. Any persons or companies with whom Body in Motion Physical Therapy contract for services to help operate our practice and who have access to our patients' medical information.

Our Responsibility Regarding Protected Health Information

Your protected health information is individually identifiable health information. This includes demographics such as age, address, email address, and relates to your past, present or future physical or mental health or condition and related health care services. We are required by law to do the following:

Make sure that your protected health information is kept private.

Give you this notice of our legal duties and privacy practices related to the use and disclosures of your protected health information.

Follow the terms of the notice currently in effect.

Communicate any changes in the notice with you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. 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. You may obtain a Notice of Privacy Practices by calling the phone number at the top of this notice.

Our System

Body in Motion Physical Therapy works with several agencies and referral sources. Your health information will be shared in the following manner:

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes disclosure to your physician or other health care providers who becomes involved in your care.

Within our office for administrative activities, quality assessment, oversight and peer review.

With our billing personnel and as necessary to obtain payment for your health care services.

With your insurance company or other payers as required for payment.

With referring agency and case manager.

With any other provider with your written request. You may request written or verbal information sharing in writing. Your request should include a specified period of time for information sharing.

Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure. We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceedings, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

For Health Care Operations

Body in Motion Physical Therapy, staff and business associates may use and disclose medical information about you to operate this office. For example, Body in Motion Physical Therapy may review treatment and services or evaluate the qualifications and performance of therapists in caring for you. Body in Motion Physical Therapy may also disclose information to licensing authorities or offices who evaluate qualifications and review care to determine if Body in Motion Physical Therapy and its therapists can be licensed, credentialed, certified or approved under a health plan or to treat patients at a particular facility. Body in Motion Physical Therapy may contract with other professionals or companies such as medical record transcription services, consultants, financial advisors or legal counsel, to help us run the practice and who have agreed to follow our Notice of Privacy Practices.

Contacting You

Unless Body in Motion Physical Therapy has agreed in writing to your written request to handle these matters differently, Body in Motion Physical therapy may use and disclose medical information to leave you a message or send you a letter concerning an appointment or to ask you to call concerning your care or your account. Body in Motion Physical Therapy will use the contact information that you provide.

Uses and Disclosures of Protected Health Information Requiring Your Permission

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Since some of our therapies are provided in your home or other natural environments, those present during the session, including friends or family may hear discussed health information. Please notify our office in writing if you do not want your protected health information to be discussed with those present during the session.

Your Rights Regarding Your Health Information

You may exercise the following rights by submitting a written request to Body in Motion Physical Therapy.

You may inspect and obtain a copy of your protected health information that we keep as a part of medical and billing records.

You may ask us not to use or disclose any part of your health information for treatment, payment, or health care operations.

We will accommodate reasonable requests, when possible.

Federal Privacy Laws

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA). There are several other privacy laws that also apply including the Freedom of Information Act and the Privacy Act. These laws have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected information.

Changes to the Notice of Privacy Practices

Body in Motion Physical Therapy reserves the right to change this notice. Body in Motion Physical Therapy reserves the right to make the revised or changed notice effective for medical information already held about you as well as any information received in the future. Body in Motion Physical Therapy will post a copy of the current notice in the office. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

Questions and Complaints

If you have any questions about this notice, please contact Body in Motion Physical Therapy. To notify our office in writing of a request please mail to the following: Body in Motion 14154 La Barr Pines Dr, Grass Valley, CA 95949. If you have a complaint about your privacy rights, you may file a written complaint with this office or with the Secretary of the United States Department of Health and Human Services.