

HIPPA Notice of Privacy Practices Douglas G. Dewey PT PC

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations and other purposes that are permitted or required by law. "Protected health information" is information about you, including demographic information, that may identify you and that relate to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your therapist and our office staff involved in your care and treatment for the purpose of health care services to you, to pay your health care bills, and any other use required by law.

1. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services pertaining to your care. This includes the coordination or management of your health care with a third party.
2. **Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, therapy notes may need to be sent to the health plan for approval of therapy visits or payment of therapy visits.
3. **Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training employees, licensing and conducting or arranging for other business activities. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use or disclose your PHI in the following situations without your authorizations include: as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, criminal activity, military activity, national security, workers' compensation, inmates. Required uses and disclosures: under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate and determine our compliance with the requirements of Section 164.500
4. **Other Permitted and Required Uses and Disclosures:** These will be made only with your consent, authorization or opportunity to object unless required by law. **You may revoke this authorization**, at any time, in writing, except to that your therapist or the therapist's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

- Your Rights:**
1. You have the right to inspect and copy your PHI.
 2. You have the right to request a restriction of your PHI.
 3. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us.
 4. You may have the right to have your therapist amend your PHI.
 5. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.
 6. You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with our Privacy Officer at 303-776-0562.

I, _____, have read and understand the Notice of Health Information Practice. Date _____