



**Notice of Privacy Practices for Protected Health Information
Effective Date: April 14, 2003**

This notice describes how medical information about you may be used and disclosed during the course of your treatment and your rights to access this information.

This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and other healthcare services / referrals. Protected health information is the information and data we create and obtain in providing our services to you. Such information may include the documentation of your diagnosis, symptoms, lab and test results, treatment and compliance as well as surgical reports. It also includes billing documents for those services provided to you.

Examples of Uses of Your Health Information for Treatment Purposes are:

- A receptionist obtains medical / billing information about you prior to and/or during your treatment at Rocky Mountain Spine and Sport, LLC and places it in your health file.
- During the course of your treatment the therapist determines that it would be helpful to consult with another specialist about your treatment and / or options. He/she will share pertinent information with that specialist to obtain his/her input.

Example of Use of your Health Information for Payment Purposes:

- We submit requests for payment to your health insurance company. The health insurance company or our billing agency may request information from us regarding treatments rendered to you in order for proper processing and payment or medical review. We will provide information to them about you and the care given.

Example of Use of Your Health Information for Business Operations:

- We occasionally obtain services from our insurers and other business associates such as quality assessment (QA), quality improvement (QI), functional outcome studies, protocol development, training, credentialing, medical review and legal services. We will share information about you with such insurers and business associates as necessary to obtain these services which help us improve our service to you.

The health and billing records we maintain are the physical property of the office. The information contained in it, however, belongs to you.

You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office or speaking with the Physical Therapist. Note: We are not required to grant the request but we will do everything possible to comply.
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information by making a request at our front office.
- Obtain a copy of your medical and billing records by making a request at our front office. Note: a flat fee of \$ 25.00 will be charged for the copying of all medical / billing records.
- Request that your health care record be amended to correct incomplete or incorrect information by making a request to our front desk or your Physical Therapist. 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 not available to make the amendment;
 - Is not part of the health information kept by our office;
 - Is not part of the health information that you would be permitted to inspect and copy; or
 - Is accurate and complete

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

Request to revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken. If you would like to exercise any of the above rights, please contact your Physical Therapist and / or the office manager in person or in writing, during regular business hours. He / she will inform you of the steps that need to be taken.

Our Responsibilities

- Maintain the privacy of your health information as required by law;
- Provide you the Notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we cannot accommodate requests; and,
- Accommodate your reasonable request regarding methods to communicate your health information.

We reserve the right to amend, change or eliminate provisions in our privacy practices, access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change we will amend our notice to our clients / patients. You are entitled to receive a copy of the revised notice by calling or visiting our office and requesting this information.

To request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information you may contact Eric W. Krell, PT, MTC or Vint R. Schoenfeldt, MPT, CSCS at Rocky Mountain Spine and Sport, LLC 303-792-7377.

Additionally if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Eric W. Krell, PT, MTC or Vint R. Schoenfeldt, MPT, CSCS. You may also file a complaint by mail or e-mail to the Secretary of Health and Human Services at: Office for Civil Rights – US Department of Health and Human Services – 200 Independence Avenue S. W. – Room 509F, HHH Building – Washington, D. C. 20201.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human services as a condition of receiving treatment from this office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

Communication with Family

Using our best judgment, we may disclose to a family member, relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Notifications

- Unless you object, we may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care, about your location and / or general condition.

Research

- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocol to ensure the privacy of your protected health information.

Workers Compensation

- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Employers

- We may release information about you to your employer if we provide health care services to you at the request of your employer.

Judicial / Administrative Proceedings

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Acknowledgment of Notice of Privacy Practices

**I hereby acknowledge that I have read and received Rocky Mountain Spine and Sport, LLC's
Notice of Privacy Practices.**

Printed Name of Patient or Representative

Signature of Patient or Representative

Date: ___/___/___

Documentation of Good Faith Efforts

The patient presented to our office on ___/___/___ and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. Such acknowledgment was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because: _____

- Other: _____

Signature of Rocky Mountain Spine and Sport Representative