

NOTICE OF PRIVACY PRACTICES

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 for other purposes permitted or required by law. It also your right to access and control your PHI. Your PHI is maintained as a written and/or electronic record. It individually identifies you and relates to: 1) your past, present, and future physical and mental health; 2) health-related services; or 3) your past, present, and future payment for your healthcare.

We are required by law to maintain the privacy of your health information and provide you with a copy of this notice. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and make the revised or changed notice effective for all health information we maintain. Any changes to this notice will be on our website or is available upon request at our facility.

**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**  
**Treatment**: We may use health information about you to provide and manage your healthcare and related services. We may disclose health information about you to your doctor or others who are involved in taking care of you and your health.

**Payment**: We may use and disclose health information about you so the treatment and service you receive may be billed and payment may be collected from you, an insurance company, or a third party.

**Healthcare Operations**: We may use or disclose your protected health information for our everyday healthcare operations to ensure you and other patients receive quality care.

**OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Special Notices**: We may contact you at the address and phone number you provide, including voicemails, about scheduled or canceled appointments, and billing and payment matters. We may also contact you about health-related services.

**Required by Law**: We may use or disclose your health information when required to do so by federal or state law. We must also disclose your protected health information when required by the Department of Health and Human Services to investigate or determine our compliance with requirements under the Privacy Rule.

**Public Health Risks**: We may release your health information for public health activities.

**Victims of Abuse, Neglect, or Violence**: We must by law disclose your Information to the appropriate authorities when we receive reports of abuse, neglect, or violence relating to children or the elderly.

**Health Oversight Activities**: We may disclose your health information to health agencies authorized by law to conduct audits, investigatoins, inspections, licensure, and other proceedings related to oversight of government regulatory programs.

**Judicial and Administrative Proceedings**: We may disclose your health information for administrative or judicial proceedings in response to a court order.

**Law Enforcement**: We may have to disclose your health information for law enforcement reasons.

**Research:** We may use your health information for research purposes with your permission or after receiving permission from a special review board.

**Averting Serious Threats to You or Others’ Health and Safety:** We may disclose your Information to the appropriate authorities when we information that might otherwise avert serious threats to you or others’ health and safety.

**Specialized Government Needs:** We may disclose health information for national security and intelligence needs.

**Workers’ Compensation**: State and Federal law allow for, without your permission, the disclosure of your health information related to a workers’ compensation injury.

**Others Involved in Your Care**: We may release your health information to a family member, relative, or close friend that relates to your care, unless you object.

**Business Associates**: We may disclose your health information to our business associates to provide a smooth process for giving the appropriate care for necessary functions or services related to you. We also require our business associates to protect your information.

**Information Not Personally Identifiable**: We may use or disclose health information that does noit personally identify you.

**Non-Custodial Parent**: We may disclose PHI about a minor equally to the custodial and non-custodial parent unless a court order limits the non-custodial parent's access to the information.

**USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**:

You may notify us in writing to revoke your authorization of using your health information for any other purposes. Anything done before your authorization in writing will not be able to be reversed.

**YOUR PHI RIGHTS:**

**Right to Inspect**: You have the right to inspect and obtain a copy of your healthcare Information. This includes heath and billing records. You must request in writing you want to obtain a copy and it must be made out to Flow Physical Therapy, 314 W Superior LL-E, Chicago, IL 60654.

**Right to an electronic copy of electronic medical records**: If your PHI is maintained in an electronic format then you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity.

**Right to receive a security breach notice**: You have the right to receive written notification if Flow Physical Therapy discovers a breach of unsecured PHI and determines through a risk assessment that notification is required.

**Right to Request Amendments**: If you believe the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. An amendment request must be made in writing. In certain cases we may deny your request for an amendment if: 1) your request is not in writing or does not include reasons to support the request; 2) the medical record was not created by us, the person who created the information is no longer available to make the amendment, the record is not part of the health information we maintain, not part of the information you would be permitted to inspect and copy, or is accurate and complete.

**Right to restrict**: You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to family members or friends who may be involved in your care or payment for your care. Your request must state the specific restriction requested and to whom you want the restrictions to apply. We are not required to agree to your requested restriction. If we agree, we will comply unless we terminate our agreement or the information is needed to provide emergency treatment to you.

**Out-of-pocket Payments**: If you paid out-of-pocket in full for a specific item or service, you have the right to request your PHI related to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations.

**Right to Disclosures:** Your request must state a time period, which may not be longer than six years prior your request.

**Right to this Notice:** You may request a copy of this notice at any time. It is also available on our website.

**Complaints**: If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. To file a complaint with us, contact our privacy officer at 314 W Superior LL-E, Chicago, IL 60654. All complaints must be submitted in writing and within 180 days of when you knew or should have known the alleged violation occurred. See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information. You will not be penalized for filing a complaint.