

# Total Fitness Physical Therapy, LLC

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**IMPORTANT: This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice please contact: our Privacy Contact who is Kelly K. Osedo.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" 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 related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The New notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by (accessing our website: [www.totalfitnesshawaii.com](http://www.totalfitnesshawaii.com)) calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

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

### **Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by your physician to sign a consent form. Once you have consented to use and disclose of your protected health information for treatment, payment and health care operations by signing the consent form, your physician will use or disclose your health information as described in Section 1. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**a. Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services.

**b. Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. We will share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. We will have a written contract that contains terms that will protect the privacy of your protected health information.

**c. Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

## **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization.**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may receive revoke the authorization, at any time, in writing.

## **Other Permitted and required Uses and Disclosures That may be made with your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of your health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation.

**Others involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation.

**Communication Barriers:** We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object.**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**a. Required By Law:** We may use or disclose your protected health information to the extent that law requires the use or disclosure.

**b. Workers Compensation:** we may disclose your protected health information as authorized to comply with Workers compensation laws and other similar legally established programs.

**c. 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 or determine our compliance with the requirements of Section 164.500et.seq.

**2. Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

A. You have the right to inspect and copy your protected health information.

B. You have the right to request restriction of your protected health information. You may request a restriction by written letter.

C. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

D. You may have the right to have your physician amend your protected health information.

E. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

F. You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept his notice electronically.

**3. Complaints**

You may make a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy contact, Kelly K. Osedo at (808) 536-6117 or [tfpt2000@yahoo.com](mailto:tfpt2000@yahoo.com) for further information about the complaint process.

**This notice was published and becomes effective on April 14, 2003.**