

A. WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOUR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS. For Example:

1. **Treatment:** We may use/disclose your health information to a physician or other healthcare provider providing treatment to you.
2. **Payment:** We may use/disclose your health information to obtain payment for services we provide to you.
3. **Healthcare Operations:** We may use/disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.
4. **Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
5. **To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
6. **Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your locations, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity, or in emergency circumstances, we will disclose health information based on our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare.
7. **Business Associates:** We may share your medical information with our "business associates", such as a billing service that performs administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information.
8. **Appointment Reminders:** We may use and disclose medical information to contact you by mail or phone and remind you about appointments. If you are not home, we may leave this information with the person answering the phone or on your voice mail.
9. **Sign-in Sheet:** We may ask you to sign in when you arrive at our office. We may call out your name when we are ready to see you.
10. **Marketing:** We may contact you to give you information about products or services related to your treatment or care coordination, or to direct or recommend other treatments or health related benefits and services that may be of interest to you. We will not use or disclose your medical information for marketing purposes without your written authorization.
11. **Required by Law:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law when the law requires us to report abuse, neglect or domestic violence or respond to judicial or administrative proceedings of the law enforcement officials, We will comply with the requirements set forth below.
12. **Public Health:** We may be required by law to disclose your health information to public health authorities for purposes related to: preventing/controlling disease, injury or disability, reporting child, elder or dependent adult or neglect, reporting domestic violence, and reporting disease or infection exposure. When we report suspected elder/dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment we believe the notification would place you at risk of serious harm or would require informing a personal representative who we believe is responsible for the abuse or harm.
13. **Health Oversight Activities:** We may be required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings.
14. **Judicial and Administrative Proceedings:** We may be required by law to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
15. **Law Enforcement:** We may be required by law to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
16. **To Avert a Serious Threat to Health or Safety:** We may be required by law to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. **Specialized Government Functions:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
18. **Workers Compensation:** We may disclose your health information as necessary to comply with workers compensation laws. For example, to the extent of your care is covered by workers compensation, we may make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers compensation insurer.

19. **Changes of Ownership:** In the event that this medical practice is sold or merged with another organization, your health information/record may be transferred to the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
20. **Incidental Disclosures:** In the course of making disclosures of your health information for the purposes of treatment, payment and healthcare operations, we may also, as a by-product of these disclosures, make incidental disclosures. We will take reasonable safeguards to minimize the incidental disclosures.
21. **Disclosure to Other Covered Entities:** We may disclose your health information to another entity or a healthcare provider for the payment from entity receiving the information. (i.e., managed care intermediaries) We may disclose your health information to this entity for the healthcare operations of the entity receiving the information, if the other covered entity has or has had a relationship with you and the information pertains to that relationship and the disclosure is for one of the following purposes:
* Healthcare fraud and abuse detection/compliances, * Quality assessment and improvement, * Population based activities relating to improving health or reducing healthcare costs, * Protocol development, * Case management and care coordination, contacting patients and providers with treatment alternatives, * Reviewing competence, performance or qualifications of professional providers and health plans and training programs.
22. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a judicial or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will make reasonable efforts to tell you about the request or to obtain an order protecting the information requested.
23. **National Security and Intelligence Activities:** We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

B. WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION Except as described in this Notice of Privacy Practice, Mrowka Physical Therapy will not use or disclose health information that identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

C. YOUR HEALTH INFORMATION RIGHTS

1. **Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses/disclosures of your health information by submitting a written request specifying what information you want to limit and what limitations you wish to have imposed. We reserve the right to accept/reject your request & will notify you of our decision.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing.
3. **Right to Inspect and Copy:** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee as allowed by law.
4. **Right to Amend or Supplement:** You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and if we deny your request we will provide you with information about our denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is.
5. **Right to an Accounting of Disclosure:** You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in the previous paragraphs.
6. **Right to Receive a Notice of Privacy Practices:** You have a right to receive a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES: We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area and provide you with a copy upon request.

E. COMPLAINTS: Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. You will not be penalized or subjected to retaliation for filing a complaint. You may also submit a complaint to:

Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S.W.
Room 509F HHH Building, Washington, DC 20201