



HIPAA

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your therapist and our office staff. Following are examples of the types of uses and disclosures of your protected health information that Triumph Physical Therapy and Wellness Center is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

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

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services.

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

(1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) a medical emergency (not on our practice's premises), and it is likely that a crime has occurred.

Workers' Compensation: We may disclose your protected health information as authorized to Comply with workers' compensation laws and other similar legally-established programs.

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. You may revoke this authorization in writing at any (me. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we cannot take back any disclosures already made with your authorization.

Your Right:

You have the right to a copy of your protected health information. This means you may obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical records. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Signature of Patient / Representative

Printed Name

Date

Description of Personal Representative's Authority: _____