

# ***Apex Occupational Therapy PLLC***

## **NOTICE OF PRIVACY PRACTICES**

**This notice describes how clinical information about you and/or your dependents may be used and disclosed and how you can get access to this information.**

### **PLEASE REVIEW IT CAREFULLY**

*If you have any questions or requests concerning this notice, please contact Apex Occupational Therapy PLLC.*

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by this practice, professionals, staff and other office personnel, including any practitioner who might provide “call coverage” for your practitioner.

### **YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the services you receive from this practice. This covers any dependents who may be receiving care.

**We are required by HIPAA law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you or your dependents and describes your rights and our obligations regarding the use and disclosure of that information.**

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

By state law and the ethics of health professionals, we must have your written, signed consent to use and disclose health information for the following purposes:

**For Treatment.** We use health information about you to provide you with clinical services. We may disclose health information about you to office staff or other personnel who are involved in taking care of you and your health.

**For payment.** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company, or a third party.

**For Health Care Operations.** We may contact your physician to receive orders for therapy and other documents that are required by the law and by your insurance. We may use health information about you in order to run the practice and make sure you receive quality care. For example, we may contact you as a reminder that you have an appointment. Please notify us if you do not wish to be contacted for appointment reminders, or if there are restrictions you want to make about such contact.

You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures that occurred before that time.

### OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

This practice will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *authorization*. We must obtain this authorization separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization **in writing**, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

**Right to inspect and copy.** You have the right to inspect and copy your health information, such as clinical and billing records. You do not have the right to inspect and copy information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. You must submit a written request to the designated privacy contact in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to amend.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment when the information is kept by this office. To request an amendment, complete and submit a clear statement of the amendment you request to the designated privacy contact. We may deny your request for an amendment if it is not in **writing** or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create
- Is not part of the health information that we keep.
- You would not be permitted to inspect and copy.
- Is accurate and complete.

**Right to an accounting of the disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of clinical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in **writing** to the designated privacy contact. Your request must state a time period, which may not be longer than six years and may not include dates before November 1, 2013. Your request should indicate in what form you want the list, for example, on paper, electronically, etc. You may be charged for the cost of providing the list.

**Right to request restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is

involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not call you at your office, or that we not communicate with a certain family member, no matter what the circumstance.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may simply advise us in writing of the specific limitations or restrictions you want placed on our use of health information for treatment, payment, or healthcare operations. We will not ask you the reason for your request. We will accommodate all reasonable requests.

**Right to request confidential communications.** You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. **To request confidential communications,** you may simply advise us in writing of specific limitations or restrictions you want placed on our communications with you. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to paper copy of this notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the designated privacy contact.

**CHANGES TO THIS NOTICE.** We reserve the right to change this notice and to make the revised or changed notice effective for clinical information we already have about you, as well as any information we receive in the future. You are entitled to a copy of the notice currently in effect.

**COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the North Carolina Department Health and Human Services. To file a complaint with our office, write to our designated privacy contact. You will not be penalized for filing a complaint.