



HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The terms of this Notice of Privacy Practices (“Notice”) apply to Pelvic Therapy and Fitness, its affiliates and its employees. Pelvic Therapy and Fitness will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

Your basic rights and our basic responsibilities. Patients of this practice have the right to obtain a copy of paper or electronic medical records, make corrections to the record, request confidential communication, request that we limit the information we share, get a list of entities with whom we file a complaint if you believe our privacy rights have been violated.

Get a copy (paper or electronic) of your records. We will provide a copy of your record, and can charge you a reasonable, cost-based fee.

Ask us to correct your medical record. You can ask us to correct health information about you that you think is incomplete or incorrect.

Request preferred confidential communications. You can ask us to contact you by a preferred method (i.e., Home/office/cell) or ask to send mail to a specified address.

Limit what we share or use. You can ask us not to share or use certain health information for our operations, treatment or payment, although we are allowed to refuse your request if it would affect your care. If you pay for a service out of pocket in full, you can ask us not to share that with your health insurer, and we will comply unless a law requires us to share that information.

Get a list of those with whom we have shared information. Upon request you are entitled to receive a list of the times we have shared your health information, who we shared it with, and why for up to six years prior to the date you asked. We will include all the disclosures except those about treatment, payment and healthcare operations, and certain other disclosures, such as any you requested. There is no charge for a yearly request of this list, but there is a reasonable cost based fee if such a list is requested more than once in a 12 month period.

Get a hard copy of this privacy notice. Upon receipt, you can receive a paper copy of this notice, if you have previously received this electronically.



Choose someone to act on your behalf. If someone is your legal guardian, or has medical power of attorney for you, that person can exercise your rights and make choices about your healthcare information. We will verify that any person has the authority to act on your behalf before taking any action.

File a complaint if you think your rights are violated. If you feel your rights have been violated, please contact Sapna Patel at 630-220-0481 or via email at sapna@pelvictf.com.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. There will be no retaliation for filing a complaint.

Your Basic choices and our basic responsibilities: For certain health care information, you can tell us your choices about what we share. You can tell us whether to share information with your family, close friends, or others involved in your care. You can tell us whether to share information in a disaster relief situation. We will never share your information for the sale of the information or for marketing purposes unless we have express written permission.

Our use and disclosures of your health information to treat you, run our practice, and when requested by insurance. We may use and share your health information to treat you and share with others who are treating you. Ex - a child being treated by multiple therapists and disciplines. We can use and share your health information to run our practice, improve your care and contact you when necessary. We can use your health information when requested by health plans or other entities in order for them to cover your services. Ex- we give information to your insurer so they will pay for our services.

Other ways we may share or use your health information. We are requested (upon request) to share your information in other ways that contribute to the public good, such as public health and research. These conditions are stringent and regulated by many laws before any information can be shared.

Help with safety and public health issues. We can share health information about you for certain situations such as preventing disease, helping with product recall, reporting adverse reactions to medication, reporting suspected abuse, neglect or domestic violence, preventing or mitigating a serious threat to someone's health or safety.

Do research. We can use or share your information for health research.



Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director. We can share information upon request when an individual dies.

Comply with the law, respond to any legal action. We will share information about you if state or federal law requires it, including any audits conducted by the Dept. of Health and Human Services. We can share information about you in response to a court or administrative order or in response to a subpoena.

Comply with worker's compensation, law enforcement, other gov't requests. Information about you can be shared for worker's compensation claims, law enforcement purposes, health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

Summary of our responsibilities. We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will give you a copy of this notice and follow the duties and privacy practices described in this notice. We will not use or share your information other than as described here unless you tell us we can in writing that we can. You may also change your mind at any time and let us know in writing if you do. More information is available at:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp.html.

Changes to the terms of this notice. We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.

Effective date: 4/5/21

Privacy Officer: Sapna Patel, PT, MPT
sapna@pelvictf.com
847-989-1491

This Notice of Privacy Practices is also available on our Pelvic Therapy and Fitness web page at <https://www.pelvictherapyfitness.com>