



# BROSTROM PHYSICAL THERAPY

SPINE AND EXTREMITY INSTITUTE OF SOUTH LYON, LLC

## NOTICE OF PRIVACY PRACTICES

This *detailed* notice describes how health information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

### A. Our Legal Duty

- a. Brostrom Physical Therapy is required by applicable federal and state law to maintain the privacy of your health information. Brostrom Physical Therapy is also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. Brostrom Physical Therapy must follow the privacy practices that are described in this Notice while it is in effect.
- b. Brostrom Physical Therapy reserves the right to change our privacy policy practices and terms of this Notice at any time, provided such changes are permitted by applicable law. Brostrom Physical Therapy reserves the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made such changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.
- c. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### B. Uses and Disclosures of Health Information

- a. Brostrom Physical Therapy uses and discloses health information about you for treatment, payment, and healthcare operations. For example:
  - i. *Treatment* – Brostrom Physical Therapy may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
  - ii. *Payment* – Brostrom Physical Therapy may use and disclose your health information to obtain payment for services we provide to you. You are permitted to limit our disclosure of health information to your insurance company for the purposes of payment or healthcare operations if you pay out-of-pocket, in full, for that particular item (charge) or service.



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(Uses and Disclosures of Health Information Cont.)

- iii. *Healthcare Operations* – Brostrom Physical Therapy may use and 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.
- iv. *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 care 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.
- v. *To your Family and Friends* – Brostrom Physical Therapy must disclose your health information to you, as described in the Patient Rights section of this Notice. Brostrom Physical Therapy 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.
- vi. *Persons Involved in Care* – Brostrom Physical Therapy 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 location, of your general condition, or death. If you are present, then prior to use or disclosure of your health information, Brostrom Physical Therapy will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, Brostrom Physical Therapy will disclose all health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. Brostrom Physical Therapy will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
- vii. *Marketing Health-Related Services* – Brostrom Physical Therapy will not use or disclose your health information for marketing communications without your written authorization.
- viii. *Required by Law* – We may use or disclose your health information when we are required to do so by law.



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(Uses and Disclosures of Health Information Cont.)

- ix. *Abuse or Neglect* – Brostrom Physical Therapy may use or disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or other domestic violence or the possible victim of other crimes. Brostrom Physical Therapy may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- x. *National Security* – Brostrom Physical Therapy may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. Brostrom Physical Therapy may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. Brostrom Physical Therapy may disclose your health information to a correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under circumstances.
- xi. *Appointment Reminders* – Brostrom Physical Therapy may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, or email messages).

## C. Patient Rights

- a. **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by asking the front desk personnel. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending Brostrom Physical Therapy a letter to the address at the end of this Notice. If you request copies, Brostrom Physical Therapy will provide the first 15 pages for free; every page thereafter will be \$1.20. In certain circumstances, you will also be expected to pay for postage [if you want the copies mailed to you] and \$20.00 per hour of staff time to locate and copy your health information. If you request an additional/optional format, we will charge a cost-based fee for providing your health information in that format. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure).
- b. **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, and certain other activities. If you request this accounting more than once in a 12-month period, Brostrom Physical Therapy may charge you a reasonable, cost-based fee for responding to this additional request.



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(Patient Rights Cont.)

- c. Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. Brostrom Physical Therapy is not required to agree to these additional restrictions, but if Brostrom Physical Therapy does agree, we will abide by this agreement (except in an emergency).
- d. Alternative Communications: You have the right to request that we communicate with you about your health information by alternative means or locations. You must make this request in writing. Your request must specify the alternative means and/or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.
- e. Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. Brostrom Physical Therapy may deny your request under certain circumstances.
- f. Electronic Notice: If you receive this Notice in our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

## D. Questions and Complaints

- a. If you believe that your privacy rights have been violated, you may file a complaint with Belinda Keeney or with the Secretary of the Department of Health and Human Services. You can use the following information to file a confidential complaint. There will be no retaliation for filing a complaint. You can also use this information should you have any questions about the issues covered by this Notice of Privacy Practice. Please contact:

Belinda Keeney, RN  
22180 Pontiac Trail  
Suite E  
South Lyon, MI 48178

Phone Number: 248-446-0155