

Lewy Physical Therapy

Notice of Privacy Practices

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

Lewy Physical Therapy (LPT) provides many types of services. LPT staff must collect information about you to provide these services. LPT knows that information we collect about you and your health is private. LPT is required to protect this information by Federal and State law. We call this information "protected health information" (PHI).

This Notice of Privacy Practices tells you how LPT may use or disclose information about you. We are required to give you a notice of our privacy practices for the information we collect and keep about you. LPT is required to follow the terms of the notice currently in effect. However, LPT may change its privacy practices and make that change effective for all PHI maintained by LPT.

Disclosure of Your Health Care Information

- **For Treatment.** LPT may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** LPT may use or disclose information to get payment or to pay for the health care services you receive. For example, LPT may provide PHI to bill your health plan for services provided to you.
 - As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Lewy Physical Therapy, Inc. for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide and itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.
- **For Worker's Compensation.** LPT may disclose your health information as necessary to comply with State Worker's Compensation Laws.
- **For Emergencies.** LPT may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.
- **For Public Health.** As required by law, LPT may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
- **For Judicial and Administrative Proceedings.** LPT may disclose your health information in the course of any administrative or judicial proceeding.
- **For Law Enforcement.** LPT may 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 or subpoena, and other law enforcement purposes.
- **For Deceased Persons.** LPT may disclose your health information to coroners or medical examiners.
- **For Organ Donation.** LPT may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.
- **For Research.** LPT may disclose your health information to researchers conducting research that have been approved by an Institutional Review Board.
- **For Public Safety.** It may be necessary 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 to the general public.
- **For Specialized Government Agencies.** LPT may disclose your health information for military, national security, prisoner and government benefits purposes.
- **For Marketing.** LPT may contact you for marketing purposes or fundraising purposes.
 - As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we will leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment.
 - It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the

type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Lewy Physical Therapy, Inc. sponsored fund-raising events.

- **For Change of Ownership.** In the event that Lewy Physical Therapy, Inc. is sold or merged with another organization, your health information / record will become property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Lewy Physical Therapy, Inc. is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and receive a copy of your health information.
- You have the right to request that Lewy Physical Therapy, Inc. amend your protected health information. Please be advised, however, that Lewy Physical Therapy, Inc. is not required to agree to amend your PHI. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Lewy Physical Therapy, Inc.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Lewy Physical Therapy, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Lewy Physical Therapy, Inc. is required by law to comply with this Notice.

Lewy Physical Therapy, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact Shannon Lewy by calling this office at (225) 767-8182. If Shannon Lewy is not available, you may make an appointment for a personal conference in person or by telephone within two (2) working days.

Complaints

Complaints about your Privacy rights, or how Lewy Physical Therapy, Inc. has handled your health information should be directed to Shannon Lewy by calling this office at (225) 767-8182. If Shannon Lewy is not available, you may make an appointment for a personal conference in person or by telephone within two (2) working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

I have read the Privacy Notice and understand my rights contained in this notice.

By way of my signature, I provide Lewy Physical Therapy, Inc. with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Patient's Name (print)

Patient's Signature

Date

Authorized Facility Signature

Date