HIPAA Notice of Privacy Practices and Disclosures

Updated January, 2017

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***

We at KFMT have a legal responsibility to focus on the privacy and security of your Protected Healthcare Information (PHI). The federally-mandated program, Health Insurance Portability & Accountability Act of 1996 (HIPAA), has set standards for the disclosure and protection of individually identifiable health information and any medical records related to those individuals. This Act gives you the right to understand and control how your health information is being disclosed. In compliance with HIPAA, we are notifying you of your responsibilities and how we are required to maintain privacy of your records.

When it comes to your personal health information (PHI), you have certain rights. Although your health record is the physical property of Kinected Functional Manual Therapy and Rehabilitation (KFMT), the information belongs to you.

You have the right to the following :

1) Get an electronic or paper cop m,my of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost- based fee.

2) Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

3) Request a restriction on certain uses or disclosures

You can request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction, unless the request relates to a restriction on disclosures to your health insurer regarding health care items or services for which you have paid out-of-pocket and in full.

4) Obtain a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

5) Alternative Means of Communication

You may request that we communicate your health information by alternative means or at alternative locations. We will accommodate reasonable requests made in writing.

6) Get a copy of this Privacy Notification

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

7) Choose someone to act on behalf of you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

8) File a complaint if you feel your rights have been violated

You can complain if you feel we have violated your rights by contacting us. Any complaint must be in writing and addressed to Elliot Fishbein, KFMT Compliance Officer, Kinected Functional Manual Therapy and Rehabilitation, 151 W 19th Street, 2nd floor, New York, NY 10011. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 , calling 1- 877-696-6775, or

visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Responsibilities of KFMT with regards to your health information:

In addition to other responsibilities identified in this notice, KFMT is also required to:

1) Notify you of any Breach

Subject to certain exceptions under the law, we are required to provide notice to you of any unauthorized acquisition, access, use or disclosure of your protected health information to the extent it was not otherwise secured

2) Provide you with a Notice of Privacy Practices

We are required to provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you

3) Compliance

We are required to comply with the terms of this notice

4) Restrictions

We are required to notify you if we are unable to agree to a requested restriction on certain uses and disclosures

5) Changes to Privacy Practices

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change, we are not required to notify you, but we will have the revised notice available upon your request at KFMT's physical location. The revised notice will also be posted at our website at www.kinectedfmt.com.

For any of the above, or if you have questions about access to your medical records, please contact Elliot Fishbein PT, OCS, CFMT, FAAOMPT (our HIPAA Privacy Officer)

Uses and Disclosures of Medical Information That Do Not Require Your Authorization.

The following categories describe different ways that we may use and disclose medical information without your authorization. For each category of uses or disclosures we will explain what we mean, but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without your authorization should fall within one of the categories.

1) To treat you

We can use your health information and share it with other professionals and providers who are treating you or who may treat you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

2) To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

3) Bill for your services (for payment purposes)

We can use and share your health information to bill and get payment, or allow you to be reimbursed from health plans or other entities. Example: We give information about you to your health insurance plan so it will reimburse you for payment for services provided.

In addition to the above, we also use and disclose your health information without your authorization as otherwise permitted by law. Examples of those uses and disclosures include the following:

1) Disclosures to business associates

There are some services that our organization may choose to utilize through agreements with business associates. Examples include answering services and copy services. To protect your health information, however, we require business associates to appropriately safeguard your information.

2) Communications regarding treatment alternatives and appointment reminders

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

3) Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or
- Domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

4) Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

5) Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

6) Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Uses and Disclosures of Medical Information for Which you may opt out

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Not contact you for fundraising efforts

Uses and Disclosures of Medical Information for Which Your Authorization is Required

In these cases we *never* share your health information unless you give us written permission:

- Marketing purposes (other than appointment reminders and face-to-face discussions)
- Any disclosure which constitutes a sale of your health information

For more information on your rights regarding your health information, see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.