

# SPENCER COUNTY PHYSICAL THERAPY

4813 Taylorsville Rd.  
Taylorsville, KY 40071

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## ***PRIVACY NOTICE***

This notice describes Spencer County Physical Therapy's (SCPT) practices regarding the use of your medical information and of any health care professional authorized to enter information into your patient chart or medical record; any member of a group we allow to help you while you are a patient at our clinic; all employees, staff and other personnel who may need access to your information. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this brochure meet your expectations, there is nothing you need to do. If you prefer that we not share information we may honor your written request in certain circumstances described below. You have the right to a paper copy of this notice at any time. If you have any questions about this notice or to obtain a paper copy of this notice, please contact our Privacy Officer.

### **Our Pledge Regarding Medical Information**

We understand protecting medical information about you and your health is important. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by SCPT, whether made by health care professionals or other personnel. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to keep medical information that identifies you private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

### **How We May Use and Disclose Medical Information About You**

The following categories describe some ways we may use and disclose medical information.

**For Treatment** - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses or other health care professionals who are involved in taking care of you. For example, when you have a return visit to the doctor we will fax (or give to you to take) a progress note that will provide information about your current status in physical therapy and our recommendations regarding continuation or a change in your care. We may disclose medical information about you to people outside the clinic who may be involved in your care.

**For Payment** – We may use and disclose medical information about you so treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover the treatment.

**Individuals Involved in Your Care or Payment for Your Care** – We may release medical information about you to a friend or family member who is involved in or who helps pay for your medical care. We may also tell your family or friends of your presence in the clinic. For example, a family member or friend may need to reach you and knowing you are here for therapy; they may call us to ask if you are here.

**Worker's Compensation** – We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Appointment Reminders** – We may use and disclose medical information to contact you as a reminder that you have an appointment for therapy. We may leave a message on the recorder of a phone number you provide or leave a message with any individual that answers at that number.

**Internal Audits and Quality Assurance** – This is necessary to make sure all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**As Required by Law or to Avert a Serious Threat to Health or Safety** – We will disclose medical information about you when required to do so by federal, state or local law or when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. We may disclose medical information about you in response to a subpoena, discovery request or other lawful order from a court. We may release medical information to law enforcement officials for investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

**Military and Veterans** – If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**Public Health Risks** – We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities** – We may disclose medical information to a health oversight government agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

## **Your Rights Regarding Medical Information About You.**

**Right to Inspect and Copy** – KRS# 422.317 allows that any patient may receive one free copy of their personal medical records. After you have received that first copy, additional copies would also be allowed, however there will be charge not to exceed \$1.00 per page for copying plus applicable postage fees. This includes any copies requested by an attorney or insurance company on your behalf. This does not include copies of records requested by an insurance company when requested for the purpose of paying medical claims. To receive a copy of this information submit your request in writing to our Privacy Officer at the address below.

**Right to Amend** – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to review and amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. 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 was not created by us, is not part of the medical information kept by SCPT or if the information is accurate and complete.

**Right to an Accounting of Disclosures** – You have the right to a written request for an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you. Your request must state a time period not longer than six years and may not include dates before April 14, 2003. The first list you

request in a one 12-month period will be free, additional lists will be provided for a research fee of \$10.00 per page. Make all requests in writing to our Privacy Officer.

**Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. 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 or to comply with federal, state or local law. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications** – You have the right to request that we communicate with you about medical 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 must make your request in writing to our Privacy Officer. 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.

### **Changes To This Notice**

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. A current copy of the notice will be in the waiting room with the effective date in the top right-hand corner of the first page.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Spencer County Physical Therapy or with the Secretary of the Department of Health and Human Services. To file a complaint with Spencer County Physical Therapy, contact our Privacy Officer at the address and phone number below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing at any time. If you revoke your permission, thereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

  
Chief Privacy Officer

Submit complaints or questions to:  
Chief Privacy Officer  
4813 Taylorsville Road  
Taylorsville, KY 40071  
Phone: 502-477-0300