

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), updated 2013.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Our Commitment To Your Privacy

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your medical information. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

Understanding Your Health Record/Information

Each time you visit Restorative Therapy & Wellness, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Restorative Therapy & Wellness, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request. As provided in 45 CFR 164.522 (b) (1) we must accommodate reasonable requests by alternative means or at alternative locations. Our practice must provide access to the PHI in the form or format requested by the individual in 45 CFR 164.524 (c) or the only readable format as agreed upon by the individual and Restorative Therapy &



RESTORATIVE THERAPY & WELLNESS LLC

We restore your movement

Wellness. Our practice does not have readable electronic copies for individual accounts that do not breach the privacy of other individuals.

- Inspect and obtain a copy your health record as provided for in 45 CFR 164.524. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
- Amend your health record as provided in 45 CFR 164.528. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Privacy Officer, Restorative Therapy & Wellness, 5881 Glenridge Dr, Suite 170, Atlanta, Georgia 30328. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the protected health information kept by or for the practice; (c) not part of the medical information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your medical information for non-treatment, non-payment or non-operations purposes. We are not required to document the use of your health information as part of the routine patient care in our practice; for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, Restorative Therapy & Wellness, 5881 Glenridge Dr, Suite 170, Atlanta, Georgia 30328. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- You have the right to request a restriction in our use or disclosure of your protected health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your protected health information to only certain individuals involved in your care or the payment for your care, such as family members and friends.
- You have the right to specifically request that no information be shared with your insurer if paid in full out of pocket. This request must be honored without exceptions.

Our Legal Duty

Restorative Therapy & Wellness is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify our patients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

5881 GLENRIDGE DRIVE SUITE 170 ATLANTA, GA 30328
404-236-0934 (PHONE) 404-236-0935 (FAX)

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Use and Disclosure of Your Medical Information:

The following categories describe the different ways in which we may use and disclose your medical information. Please note that we will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

We will use your health information for treatment:

Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. We may also disclose your medical information to other health care providers for purposes related to your treatment. Finally, we may disclose your medical information to others who may assist in your care, such as your spouse, children or parents, but only which is relevant to that person's involvement in our patient care.

We will use your health information for payment:

Our practice may use and disclose your protected health information in order to bill and collect payment for the services and items you may receive from us. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits). We may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may disclose your protected health information to other health care providers and entities to assist in their billing and collection efforts.

We will use your health information for regular health operations:

Our practice may use and disclose your protected health information to operate our business. We may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Use and Disclosure of your health information in Certain Special Circumstances:

1. **Public Health Risks.** Our practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of preventing or controlling disease, injury or disability, to report child or adult abuse or neglect or domestic violence.
2. **Health Oversight Activities.** Our practice may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your protected health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your protected health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release health information as required by law or in response to a valid subpoena.
5. Serious Threats to Health or Safety. We may disclose your health information when necessary to reduce or prevent a serious threat to your health and safety, the health and safety of another individual or to the public.
6. Military. Our practice may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
7. National Security. Our practice may disclose your protected health information to federal officials for intelligence and national security activities authorized by law.
8. Inmates. Our practice may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
9. Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer (listed below), or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. All complaints must be submitted in writing.

Restorative Therapy & Wellness
ATTN: Privacy Officer
5881 Glenridge Dr, Ste 170
Atlanta, GA 30328