



## *HIPAA PRIVACY AND DISCLOSURE NOTICE*

### **MEHTAPHYSICAL THERAPY, LLC**

*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.*

Federal Law (the Health Insurance Portability and Accountability Act (HIPAA)) requires that health care providers inform patients of their rights regarding how the provider may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Privacy Notice describes my privacy practices that relate to your protected health information. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

### **Your Health Record and Protected Health Information**

Each time you receive medical care from this practice, a record of your visit is created. This record typically includes, but is not limited to, information such as your name, age, address, a brief medical history, symptoms, any test results, the treatment provided to you, treatment plans devised for your care, and notes on follow-up care to be performed. How your health care information may be used and what control you may exercise over the use of your healthcare information is described in this Privacy Notice.

### **Uses and Disclosures of Protected Health Information**

My practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the practice has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile. **Treatment:** Your health information may be used by myself or disclosed to other health care professionals

for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

**Payment:** Your protected health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer.

**Health Care Operation:** I may disclose health information about you for operations of my health care practice. These uses and disclosures are necessary to run my practice and make sure that all of my patients receive quality care. For example, I may use health information to review your treatment and services and to evaluate my performance. I may also combine health information about many patients to decide what additional services I should offer, what services are not needed, whether certain new treatments are effective, or to compare how I am doing with others and to see where I can make improvements. As Required By Law. I will disclose health information about you when required to do so by federal, state, or local law.

**Public health reporting:** Your health information may be disclosed to public health agencies as required by law. For example, I am required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures for health care operations may include:** Appointment Reminders: Your health information may be used to contact you, a family member or friend involved in your health care as authorized by you as a reminder that you have an appointment for treatment or medical care at our facility. I may also leave a message on your answering machine / voicemail system/email unless you tell me not to.

**Treatment Alternatives:** I may use or disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services:** I may use or disclose your protected health information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment of Your Care:** I may disclose your protected health information to a friend or family member who is involved in your medical care. I may also give information to someone assisting you in the payment for your care. I may also tell your family or friends that you are in the facility at the time of your care. If you want any of this information restricted you must communicate that to us using the appropriate procedure. You may object to these disclosures. If you do not object to these disclosures or I can infer from the circumstances that you do not object or I determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, I may disclose your protected health information as described.

**Uses and Disclosures which you authorize:** Other than as stated above, I will not disclose your health information other than with your written authorization. You may revoke your

authorization in writing at any time except to the extent that I have acted in reliance upon the authorization.

### **Individual Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
  
- The right to receive confidential communications concerning your medical condition and treatment
  
- The right to inspect and copy your protected health information
  
- The right to amend or submit corrections to your protected health information
  
- The right to receive an accounting of how and to whom your protected health information has been disclosed
  
- The right to receive a printed copy of this notice

Please contact our HIPAA Privacy Officer if you have questions about access to your medical record.

### ***Physical Therapy Duties***

I am required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. I also am required to abide by the privacy policies and practices that are outlined in this notice. **Right to Revise Privacy Practices:** As permitted by law, I reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, I will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information I maintain.

### **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that I maintain. As permitted by federal regulation, I require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Neema Mehta, PT. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

## **Complaints**

I encourage you to express any concerns you may have regarding the privacy of your information. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Neema Mehta, PT  
2488 Kings Arms Pt NE  
Atlanta, GA 30045  
404-954-2680

You also have the right to express complaints to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You will not be penalized or otherwise retaliated against for filing a complaint.

## **Effective Date**

This Notice is effective for MehtaPhysical Therapy, LLC on or after June 25, 2022.