



## 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.

### OUR LEGAL DUTY

We are responsible by applicable federal and state laws to maintain the privacy of your personal health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect June 15, 2013, and will remain in effect until amended.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and any new terms of our notice effective for all protected health information that we maintain, including medical information we created or received prior to effective changes.

You may request a copy of our current, effective policy at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

---

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We will use and disclose your protected health information about you for treatment, payment and health care operations.

Following are examples of the types of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with your other health care providers, as necessary. This may include disclosure of your protected health information to physicians who may be treating you, or at the request of your physician to other physicians or other health care provider that becomes involved in your health care by assisting with diagnosis or treatment.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services.

**Health Care Operations:** We may use or disclose your protected health information in order to conduct certain business and operational activities. These activities may include, but are not limited to, quality assessment activities, employee review of activities, training, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in form at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you by telephone or mail/email to remind you of appointments.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Use and disclosure of your protected health information will be made only with your authorization, unless otherwise permitted or required by law. You may give us a written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an

authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice.

**Public Health and Safety:** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health and safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations; to track products; to enable product recalls; to make reports or replacements or to conduct post marketing surveillance, as required.

**Criminal activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

**Process and Proceedings:** We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances.

**Law Enforcement:** We may disclose your protected health information to a law enforcement official, under limited circumstances, such as a court order, warrant or subpoena.

---

#### PATIENT RIGHTS

**Access to patient records:** You have the right to look at, or obtain copies of your protected health information, with limited exceptions. You must make a request in writing thirty days in advance, to the Rosipal Institute office manager to obtain access to your protected health information. You may also request access by sending us a signed letter to the address at the end of this notice. If you request copies of written documentation, we will charge you \$25.00 for the first 20 pages, then \$0.25 for each additional page (pursuant to section 375.11 of the Texas Administrative Code) plus postage, if you request the copies be mailed to you. If you request copies of off-site records (over two years old) we will charge you \$50.00 per hour for staff time to locate and copy your protected health information plus the cost of postage, if you want the copies mailed to you. To review only (no copies made) your protected health information, you must request in writing, thirty days in advance for on-site records and 60 days for off-site records. We will charge you \$50.00 per hour for staff time. Any records you receive from the Rosipal Institute will be copies only, all original records must be kept by the therapy office (pursuant to 375.11 of the Texas Administrative Code).

**Accounting of Disclosures:** You have the right to receive a list of instances in which we, or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities, for a period of the past six years. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information.

Restriction Request: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in a confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes to any future disclosures of that information.

Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form as well. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

---

#### QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Name of Contact Person: Dr. Kristi Rosipal, PT, DPT

Address: 5136 Village Creek Dr. Ste. 502 Plano, TX 75093

Phone: (972) 735-0290      Fax: (972) 735-0219