**Notice of Privacy Practice (HIPAA)**

**Head to Toh Physical Therapy, LLC**

**Head to Toh Physical Therapy, LLC**

**2039 Lander Cir Colorado Springs, CO 80909**

**312-375-5404**

[**headtotoh@gmail.com**](mailto:headtotoh@gmail.com)

**headtotoh.com**

This Notice of Privacy Practice Describes how Head to Toh Physical Therapy, LLC may use and disclose your protected health information (PHI) to carry out our treatment, payment or health care operations and for other purpose that are permitted or required by the law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you, and that relates to your past, present or future physical or mental health or condition and related healthcare services. The privacy of your medical information is important to us. Head to Toh Physical Therapy understands that your medical information is personal and we are committed to protecting it. The record we create of the care services you receive is needed so we may provide you with the best quality care and also comply with certain legal requirements.  At Head to Toh Physical Therapy, we are committed to using and disclosing PHI responsibly. This Notice describes the personal information we collect, in addition to how and when we are permitted to use and disclose PHI about our clients.

**Understanding Your Health Record:** Each time you have a visit with Head to Toh Physical Therapy, LLC a health record is made of your visit. This record typically contains your symptoms, response to prior treatment, examination and test results, diagnosis, treatment performed and plan for future care or treatment. Your health or medical record serves as the following:

1. Basis for planning your care and treatment,
2. Means for communication among your health care professionals who contribute to your care,
3. Legal document describing the care you received,
4. Verification you or a third-party payer can use to confirm services billed were actually provided,
5. Tool in educating health care professionals,
6. Source of data for medical research,
7. Source of information for public health officials charged with improving health of the nation or state,
8. Source of data for planning and marketing,
9. Data to assess outcomes and care provided

Understanding what is in your health record and how your PHI is used can help you ensure the accuracy of the information collected and better understand who, what, where, how and why others may access your health information and allow you to make more informed decisions when authorizing disclosure of your PHI to others.

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

We will use and disclose elements of your protect health information without your signed authorization for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physical therapist's practice and any other use required by law.

**Treatment**: We will use and disclose your protected health information to provide, coordinate or manage your health care with a third party. For example, we would disclose your protected health information, as necessary, to another healthcare provider involved in your care or to your referring physician to ensure that the physician has the necessary information to reevaluate, diagnose or treat you.

**Payment**: Your protected health information will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for continued physical therapy treatment may require that your relevant protected health information be disclosed to the health plan to obtain approval.

**Healthcare operations**: We may 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 to remind you of your appointments. We may use or disclose your (PHI) in the following situations without your authorization. This situations include: as required by Law, Public Health issues as required by law, Communicable diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements; Legal Proceedings: Law Enforcements: Coroners, Funerals Directors, and Organ Donation; Research; Criminal Activity: Military Activity and National Security; Workers' Compensation ; Inmates: Required Uses and disclosures: under the law, we must make disclosures to you and when required by the secretary of the Department of Health and Human Services to Investigate or determine our compliance with requirements of the section 16 4.500.

**Other Permitted and Required uses and Disclosures:** Will be made Only with Your Consent Authorization or Opportunity to object unless required by the law.

**Your Rights:** Following is a statement of your rights with respect to your protected health information.

* You have the right to inspect and copy your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or health care operations. You may also request that any part of protected health information not be described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.
* Your physical therapist is not required to agree to restriction that you may request. If the physical therapist believes it is in your best interest to permit use and disclose of your (PHI), it will not be restricted. You then have the right to use another Healthcare Professional.
* You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.
* You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

**Revisions to this Notice:** We reserve the right to change our practices and make new provisions to this Notice at any time. Significant changes to this Notice will be provided to our clients by paper copy or through communication preferences indicated.

**Complaints:** You may complain to us or to the secretary of the Health and Human services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filling a complaint.

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with a HIPPA Compliance Officer, Benjamin Toh, in person or by phone at 312 375 5404.

HIPAA Compliance Officer: Benjamin Toh, 312 375 5404, headtotoh@gmail.com

This notice becomes effective on June 1, 2021.

**Notice of Provision of HIPAA Privacy Practices**

I consent that Head to Toh Physical Therapy has provided me with a copy of or access to the HIPAA notice of privacy practices.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_