



# Peak Performance Therapy, LLC

519 Eureka Way • Sequim, WA • 98382

P (360)683-8331 • F (360)683-8441

PPTCUS.com

## **HIPAA NOTICE OF PRIVACY PRACTICES** Effective date: April 14, 2003

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this office, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

### **We are required by law to:**

Make sure that health information that identifies you is kept private.

Give you this Notice of our legal duties and privacy practices with respect to health information about you; and

Follow the terms of the Notice that is currently in effect.

### **How we may use and disclose health information about you:**

For treatment

For payment

For health care operations

For appointment reminders

As required by law

To avert a serious threat to health and safety

As required by the Military or Veterans and Workers Compensation

Public Health risks

Health oversight activities

Lawsuits and disputes

Law enforcement

Coroners, health examiners and funeral directors

National Security and Intelligence activities

Protective Services for the President and others

Security Officials for Inmates

### **Your rights regarding Health Information about you:**

Right to inspect and copy

Right to amend

Right to an Accounting of Disclosures

Right to Request Restrictions

Right to Request Confidential Communications

Right to a Paper copy of this Notice (full Notice is available upon request)

### **Changes to this Notice:**

We reserve the right to change this Notice. We will post a copy of the current notice in our facility with the current effective date on the first page.

### **Complaints:**

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please contact the administrator at the location where you were treated to file a complaint



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## **Acknowledgement of Receipt of this Notice:**

We will request that you sign a separate form acknowledging you have received a copy of this notice. This acknowledgement will become a part of your records.

We may use and disclose **your** information to conduct *or* arrange for services including:

Medical quality review by your health plan;

Accounting, legal, risk management, and insurance services;

Audit functions, including fraud and abuse detection and compliance programs.

## **Your Health Information Rights:**

The health and billing records we create and store, are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have the right to:

Receive, read, and ask questions about this Notice;

Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted;

Request and receive from us a paper copy of this or the most current Notice of Privacy Practices for protected Health Information ("Notice");

Request that you be allowed to see and get a copy of your protected health Information. You may make this request in writing. We have a form available for this type of request.

Have us review a denial of access to your health information—except in certain circumstances;

Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records.

When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.

Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing,

Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it.

Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact the administrator of the location at which you have been treated. Please call the main office phone number and ask for the administrator.

## **Our Responsibilities:**

### **We are required to:**

Keep your protected health information private;

Give you this Notice;

Follow the terms of this notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick on up.

### **To Ask for Help or Complain**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may *contact* the administrator of the location at which you have been treated. Please call the main office phone number and ask for the administrator.



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If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to the administrator at your practice/health care facility. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.