



**Notice of Privacy Practices  
Your Information.  
Your Rights.  
Our Responsibilities.**

**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**

Contact Mailing Address:  
Cantrell Center for Physical Therapy  
405 Osigian Blvd  
Warner Robins, GA 31088  
P: (478) 953-3535  
F: (478) 953-0353

If you have any questions or would like additional information about this notice or our Privacy Practices, please contact the Privacy Officer or the Medical Records Custodian at the address above.

**Who Will Follow This Notice?**

This notice describes the privacy practices of the Cantrell Center for Physical Therapy entities including:

- Any health care professional authorized to enter information into your medical record.

**Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. All requests and/or inquiries must be submitted in writing to our Medical Records Custodian and are subject to our reasonable, cost-based fee for that request.

- **Right to a copy of your medical record** – You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. Usually, this includes medical and billing records. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may deny your request, under certain circumstances, and you may request that the denial be reviewed. A licensed health care professional, other than the person who denied your request, will be chosen by The Cantrell Center for Physical Therapy to review your request and the denial. We will comply with the outcome of the review.
- **Right to ask us to correct your medical record** – You can ask us to correct (amend) health information about you that you think is incorrect or incomplete for as long as the information is kept by or for the facility. You must provide a reason that supports your request for the amendment. We may deny your request for an amendment, but we'll tell you why in writing within 60 days.
- **Right to Accounting Disclosures** – You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Your request must state a time period.
- **Right to Request Confidential Communications** – You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Request Restriction** – You can ask us **not** to use or share certain health information for treatment, payment or health care operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information. You must make your request in writing to the Privacy Officer. In your request you must tell us 1) what information you want to limit, 2) whether you want to limit our use, disclosure or both and 3) to whom you want the limits to apply.
- **Right to a Paper Copy of This Notice** – You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To obtain a paper copy of this notice, please see the patient care coordinator at any of our facilities or partner companies.
- **Right to File a Complaint** – You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)  
**We will not retaliate against you for filing a complaint.**

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- **Right and Choice to tell us** – In these cases, you have both the right and choice to tell us to:
  - Share information with your family, close friends, or others involved in your care.
  - Share information in a disaster relief situation
  - Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- **Fundraising** – We may contact you for fundraising efforts. You may send a written request to the Privacy Officer to opt out of being contacted for fundraising efforts.
- **Written Permission Before We Share** – In these cases we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- **Appointment Reminders** – We may use and share your health information to contact you as a reminder that you have an appointment for treatment of medical care. We will only do this with your signed consent form that indicates your choice of notification and the email or cell phone number where you would like the reminder sent. For text messages, standard text messaging rates may apply.
- **Health-related Benefits and Services** – We may use and share your health information to tell you about health-related benefits or services of interest that our partner companies offer that we believe will improve your quality of care and promote a healthy lifestyle. If you do not wish to be contacted about these offers, you may submit a written request to the Privacy Officer.

## **Our Uses and Disclosures**

**How do we typically use or share your health information?** The following is a list of the typical ways we use or share your health information.

- **For Treatment** – We can use your health information and share it with other professionals who are treating you. **For example:** A doctor treating you for a broken leg may need to know you are progressing in therapy.
- **Treatment Alternatives** – We may use and share your health information to tell you about or recommend possible treatment options or alternatives of interest with our partner companies. **For example:** You are being discharged but it would benefit you to continue with our group exercise program.
- **Bill for Your Services** – We can use and share your health information to bill and get payment from you, the insurance company or a third party. **For example:** We may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.
- **Run Our Organization** – We can use and share your health information to run the Cantrell Center for Physical Therapy operations, improve your care, and contact you when necessary. **For example:** We may use health information to review our treatment and services and to evaluate the performance of our staff.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- **Public Health and Safety Issues** – We can share health information about you for certain situations such as:
  - To prevent or control disease, injury or disability.
  - To notify people of recalls of products.
  - To report adverse reactions to medications.
  - To prevent or reduce a serious threat to anyone's health or safety.
  - To report suspected abuse, neglect or domestic violence.
- **Research** – We can use or share your health information under certain circumstances, for research purposes. **For example:** A research project may involve comparing the health recovery of all patients who receive one type of treatment to those who received another for the same condition.
- **As Required by Law** – We will share information about you if state or federal laws require it. Including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. **For example:** We are required to report all burns or suspected cases of abuse.
- **To Respond to Organ and Tissue Donation Requests** – We can share health information about you with organ procurement organizations.
- **To work with a Medical Examiner or Funeral Director** – We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address Workers' Compensation, Law Enforcement, and other Government Requests** – We can use or share health information about you:
  - For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by law.
  - For special government functions such as military, national security, and presidential protective services.
  - In response to a court order, subpoena, warrant, summons or similar process.
  - To help identify or locate a suspect, fugitive, material witness or missing person.
  - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Business Associates** – We may use and share your health information with our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. **For Example:** We may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Registration and Waiting Areas** – We may use and share your health information on registration/sign-in sheets, in call outs to facilitate services in waiting rooms, and during the overhead paging process.
- **Data Breach Notification Purposes** – We may use and share your health information to provide legally required notices of unauthorized access to or disclosure of your health information to you when they occur.

## **Our Responsibilities**

The Cantrell Center for Physical Therapy is required to:

- Maintain the privacy of your health information.
- Provide you with a 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 you if we are unable to agree to a requested restriction.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may let us know in writing if you change your mind at any time.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you for as long as we keep it on file. The new notice will be available upon request, in our office, and on our website.

Corporate Compliance Officer - Janet Cooley  
Assistant and Safety Compliance Officer - Mary Oakley  
Privacy Officer - Janet Cooley  
Medical Records Custodian - Kaley Guenther

This notice is effective in its entirety as of April 14, 2003.  
Rev. 3.1.2010, Rev. 8.1.2012, Rev 8.4.2013, Rev. 12.28.2014, Rev. 2.9.2016