

## HEALTH IN MOTION, INC.

### NOTICE OF PRIVACY PRACTICES

Health in Motion has always kept patient health information confidential to protect your privacy. The federal government now requires that we put those policies in writing for you.

**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.**

The terms of this Notice of Privacy Practices apply to Health in Motion, Inc. its Physical Therapists and staff. We share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by these terms of the Notice so long as it remains in effect. We reserve the right to change this Notice of Privacy as necessary, and you may receive a copy of any revised notices at Health in Motion or a copy may be obtained by mailing a request to Health in Motion, 3985 Valley Commons Drive, Bozeman, MT 59718

**YOUR AUTHORIZATION:** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke the authorization in writing.

#### **PERMITTED USES AND DISCLOSURES**

**Uses and Disclosures for Treatment:** We will make uses and disclosures of your personal health information as necessary for your treatment. We may also release your personal health information to another health care facility or professional who is or will be providing treatment to you.

**Uses and Disclosures for Payment:** We will make uses and disclosures of our personal health information as necessary for the payment purposed of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you.

**Family and Friends Involved in Your Care:** With your approval, we may disclose your personal health information to designated family, friends, and others who are involved in you care or in payment of your care.

**Business Associates:** Certain aspects of our service are performed through contracts with outside personas or organizations. In all cases, we require these business associates to appropriately safeguard your privacy.

**Appointments and Services:** We may contact you to provide appointment reminders or test results. If you wish appointment reminders to not be left on voice mail or sent to a particular address, please let us know.

#### **REQUIRED USES AND DISCLOSURES**

- We may be permitted or required by law to make certain other uses and disclosures of your personal health information with out your consent or dddauthorization, such as suspected child abuse, neglect or domestic violence; to work's compensation agencies; for public health act ivies; for FDA requirements; to your employer when we have provided health care at the request of your employer; to the military, and any other purpose required by law.
- If you are unavailable, incapacitated or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with those persons caring for you at the time.

#### **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of Health in Motion, the information belongs to you.

You may:

- Obtain a copy and/or inspect all of the personal health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative.
- Request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. You may obtain an amendment request form from our medical department.
- Receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative.

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you believe your privacy rights have been violated, you may file a written complaint about our privacy practices; you can do so by sending a letter outlining your concerns to: Health in Motion, 3985 Valley Commons Drive, Bozeman, MT 59718

#### **EFFECTIVE DATE:**

This Notice of Privacy Practices is effective April 14, 2003.