

**NOTICE OF PRIVACY PRACTICES  
ENERGY PHYSICAL THERAPY, LLC**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE READ IT CAREFULLY.**

**NOTICE OF PRIVACY POLICY  
Effective JULY 1, 2013**

The following is the privacy policy (“Privacy Policy”) of Energy Physical Therapy, (“Covered “Entity”) as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your personal health information and to provide you with notice of Covered Entity’s legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

**Your Personal Health Information**

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

**Uses or Disclosures of Your Personal Health Information**

The following categories describe different ways we use and disclose medical information. Each category will be explained but not every possible use or disclosure will be listed. However, all the different ways we are permitted to use and disclose information will fall within these categories.

**Treatment:** We may disclose your health information to other health care professionals within our practice for the purpose of treatment, payment, or health care operations. Doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to your course of treatment that may include procedures, medications, tests, medical history etc.

**Payment:** We may disclose your health information to your insurance provider for the purpose of payment or health care operations. During the normal course of business operations, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. We may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Health Care Operations:** With your agreement, we will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations, which may include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For example, your medical information may be used to improve the clinical treatment and patient care, disclosed to healthcare students for review and learning purposes.

**Emergencies:** We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

**Individuals Involved in Your Care:** With your permission, your medical information may be released to a family member, guardian or other individuals involved in your care. They may also be told about your condition unless you have requested additional restrictions.

**Worker’s Compensation:** We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

**Public Health:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

**Marketing:** We may contact you for marketing purposes or fundraising purposes such as birthday cards, newsletters, charitable events, or thank you cards. If you wish to be excluded from receiving birthday cards, newsletters, charitable events, and thank you cards and other information please notify us in writing to Privacy Officer, Energy Physical Therapy, LLC PO Box 91, 19525-0091.

**Appointments and Services:** We may contact you to provide appointment reminders or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding personal health information from us by alternative means or at alternative locations.

**Other Uses and Disclosures:** We are permitted and/or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization for the following:

- To a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- Court or administrative ordered subpoena or discovery request.
- To law enforcement for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.
- To coroners and/or funeral directors consistent with the law.
- To organizations involved in procuring, banking or transplanting organs and tissues.
- To researchers conducting research that has been approved by an Institutional Review Board.
- To specialized government agencies for military, national security, prisoner, and government benefits purposes.

**Rights That You Have Regarding Your Personal Health Information:**

- You have the right to inspect and copy your health information that may be used to make decisions about your care.
- You have the right to request restrictions on certain uses and disclosures of your health information. Energy Physical Therapy LLC is not required to agree to the restriction that you request, but will attempt to accommodate reasonable requests when appropriate.
- You have the right to request that we amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason/s and information about how you can disagree with the denial.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to receive an accounting of certain disclosures made by us of your personal health information.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Complaints:**

If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer, Energy Physical Therapy, PO Box 91, Gilbertsville, PA 19525-0091. You may also file a complaint with the Secretary of Department of Health and Human Services if you believe that your privacy rights have been violated at Office of Civil Rights, 200 Independence

Ave, S.W., Room 509F HHS Building, Washington, DC 20201. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Private Policy. A complaint must be received by us or the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. There will be no retaliation for filing a complaint.

**Amendments to this Privacy Policy:**

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy, or changes in law affecting this Privacy Notice, by mail or electronically within 60 days of the effective date of such revision, amendment, or change.