

Notice of Privacy Practices

This Notice provides an overview of the privacy practices of Shore Points Physical Therapy (also referred in this Notice as "we," "us," and/or "our"). The privacy practices described in this Notice will be followed by all Shore Points Physical Therapy healthcare professionals, employees, staff, trainees, students, volunteers, and business associates.

This Notice describes how protected health information (defined below) about you may be used and disclosed and how you can get access to this protected health information. This Notice is not a complete listing of how we use and disclose your protected health information. This notice applies to all protected health information held in any form by the Shore Points Physical Therapy. **Please review this Notice carefully.**

Protected health information (also referred to in this Notice as "medical record," "health information," and/or "information") is your individually identifiable information, whether in electronic, paper, or oral form, which may include, but is not limited to , your geographic information, your healthcare insurance benefits, full-face photographs and any comparable images of you, and any unique numbers that may identify you.

Your information. Your Rights. Our Responsibilities.

Your Rights You have the right to:

- · Get a copy of your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell you information
- Raise funds



See page 2 for

details on these

Rights and how

to exercise them

See page 3 for details on these choices and how to exercise them

Our Uses and Disclosures We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services uses
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



See page 3 and 4 for details on these and disclosures.



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.

Get an electronic or paper copy of your medical record	 You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To request a copy of your medical record, please contact us. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable. Cost-based fee,
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.
Ask us to limit what we use and share	 You can ask us not to use or share certain health information for treatment, payment or our 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.
Get a copy of this privacy Notice	 You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically, We will provide you with a paper copy promptly.
Choose someone to act for you	 If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a Complaint if you feel your rights are violated	You can complain if you feel we have violated your rights by requesting to speak with a manager.



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, please contact us regarding your preference, and we will follow your instructions.

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
 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 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.

In these cases, we never share your information unless you give us written permission:
In the case of fundraising:

- Marketing purposes
- Sale of your information

• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and - How do we typically use or share your health information?

Disclosures

Do Research

We typically use or share your health information in the following ways.

Treat you	 We can use your health information and share it with other professionals who are treating you without your consent. Example: The physical therapist treating you for an injury shares your treatment notes with your physician.
Run our organization	 We can use and share your health information to run our practice, improve your care, and contact you when necessary without your consent. Example: We use health information about you to manage your treatment and services.
Bill for your services	 We can use and share your health information to bill and get payment from health plans or other entities without your consent. Example: We give information about you to your health insurance plan so it will pay for your services.
Help with public health and safety issues	 We can share health information about you for certain situations such as: -Preventing disease -Helping with product recalls

- -Reporting adverse reactions to medications
- -Reporting suspected abuse, neglect, or domestic violence
- -Preventing or reducing a serious threat to anyone's health or safety
- We can use and share your information for health research.



Continued from page 3. – How do we typically use or share your health information?		
Our uses and	We typically use or share your health information in the following ways.	
Disclosures		
Comply with the 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. 	
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. 	
Respond to lawsuits and legal actions	 We can share health information about you in response to a court or administrative order, or in response to a subpoena. 	

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.