

## Notice Of Solstice Physical Therapy, LLC Privacy Practices

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

We are required by law to maintain the privacy of protected health information. The privacy and security provisions of the Health Insurance Portability and Accountability Act (“HIPAA”) require us to:

- Make sure that health information that identifies you is kept private;
- Make available this notice of our legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice that is currently in effect;
- Give you the right to inspect and copy your protected health information; and,
- Give you a printed copy of this notice if requested.

Treatment. Your health information may be used by Solstice Physical Therapy, LLC employees and staff or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of physical therapy and the types of exercises recommended will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. You agree and acknowledge that we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

Payment. Upon request and with authorization from you, Solstice Physical Therapy, LLC may release information about dates of service, the services provided, medical condition being treated, and past medical history pertaining to the condition being treated to your health insurance company should you file for reimbursement of costs through your health insurance company. No information will be released without authorization from you so should you seek reimbursement from your health insurance company, you must contact us in writing allowing us to release the information requested to them.

Healthcare Operations. Your health information may be used as necessary to support the day-to-day activities and management of Solstice Physical Therapy, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Appointment Reminders. Your information will be used by our staff to contact you regarding appointment reminders. You agree and acknowledge that unless we are notified otherwise in writing, we may leave messages confirming appointments at the number we have on file for you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate and with written authorization, we may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). In addition, should you have a family member or close friend present at your appointment, by the nature of the having the person at the appointment, information may be disclosed to such person.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Law Enforcement. We will disclose your health information when required to do so by international, federal, state or local law. Your health information may also be disclosed to law enforcement to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Military and Veterans. If you are a member of the armed forces, we may release your health information as required by military command authorities.

Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

Business Associates. We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing, legal, or accounting 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 the information for any other purpose than appears in their contract with us.

Abuse/Neglect. Your health information may be disclosed to authorities as required by law if we believe that abuse or neglect is present. For example, we are required to report suspicion of child abuse to the authorities.

Other Uses and Disclosures Require Your Authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the

authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice. The revised policies and practices will be applied to all protected health information we maintain.

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting us. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Solstice Physical Therapy, LLC  
12301 Grant Street #210  
Thornton, CO 80241

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You can view federal government information regarding HIPAA at the United States Department of Health & Human Services website.