

APPALACHIAN PHYSICAL THERAPY, INC.

Policy: Protected Health Information (PHI) & Patient's Rights Under HIPAA

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POLICY:

Appalachian Physical Therapy, Inc. will comply to the fullest extent with all provisions of the Healthcare Insurance Portability & Accountability Act relating to Transaction & Code Sets Standards and Privacy and Security Rules and Health Information Technology for Economic and Clinical Health (HITECH) per the American Recovery and Reinvestment Act, or ARRA. The Security rules 'required' implementation specifications will be carried as stipulated and the 'addressable' implementation specifications will be continually reviewed and implemented with 'sizable' procedures and processes.

Appalachian Physical Therapy, Inc.'s Notice of Privacy Practices (NPP) is the foundation for privacy behavior within the facility; it guides day-to-day management of Protected Health Information (PHI) and it serves as a communication vehicle with its patients. The Patient Rights, mandated by HIPAA and reiterated in the NPP, have been thoroughly reviewed by Appalachian Physical Therapy, Inc.'s workforce. Comprehensive and position specific HIPAA education, testing and staff discussions are carried out upon hiring. Annual HIPAA education with testing will be carried out per this policy; updates will be provided more often than annually, should it be necessary.

Patient Rights as reflected in Appalachian Physical Therapy, Inc.'s Notice of Privacy Practices and as required by HIPAA and HITECH are summarized below:

1) The Patient Has the Right to Request Limited Use or Disclosure

The patient has the right to request that we do not use or disclose his/her PHI in a particular way and we will grant that request whenever possible. However, we are not required to abide by his/her request if the use or disclosure is permitted or required by law. If we do agree to his/her request we must abide by the agreement; we have the right to ask for that request to be in writing and we will exercise that right. Unless otherwise directed by the patient or his/her representative Appalachian Physical Therapy, Inc. will disclose PHI to:

- a) Remind patients of appointments
- b) Release equipment and/or supplies to a patient's designee
- c) Carry out follow ups on home programs or discharge planning
- d) Advise patients of new or updated services or home supplies via telecommunication or via a newsletter
- e) Update the patient's workers' compensation case worker or employer
- f) Carry out research that does not directly identify the patient

Note:

- a) An objection to release or a request to limit PHI for payment purposes will not be honored by Appalachian Physical Therapy, Inc. if payment is made by a third party. We will advise the patient promptly of this rejection. Appalachian Physical Therapy, Inc. reserves the legal right to decline to provide treatment should the patient persist in restricting the release of PHI for payment when a third party is utilized for payment.

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- b) Exception: Requests to restrict disclosure for items and/or services received that are personally paid for (no third party payment) will be honored for all situations outside of treatment, which will not have restrictions other than under the 'minimal necessary' provision.

2) The Patient Has the Right to Confidential Communication

The patient has the right to receive confidential communications from us at a location or phone number that he/she specifies. We have the right to ask for the request to be in writing and will exercise that right. Compliance with this request will include the stipulation that this alternative mode of communication should not hinder or defer payment or collection notices.

- a) Procedure: A request may be submitted in person, by mail or by e-mail

- i) Mailed requests should be addressed to:

Appalachian Physical Therapy, Inc.
c/o HIPAA Officer
171 E. Springbrook Rd.
Broadway, VA 22815

- ii) Faxed requests should be addressed to:

Appalachian Physical Therapy, Inc.
c/o HIPAA Officer
(540) 901-8773

- iii) Emailed requests should be addressed to:

Aptfc.com

- b) Procedure: If the patient requests confidential communication he/she will be asked to put it in writing, preferably on the Right to Confidential Communication of PHI Form BOM-150 or by providing the following information:

- i. The type of information being managed confidentially relating to the specific condition, treatment, dates of services, etc.
- ii. The period for which the request applies
- iii. The manner in which the patient wishes to receive the confidential communications
- iv. The manner in which payment will be received if the confidential communication involves an alternate address

- c) Procedure: If the patient requests an alternate phone number contact Appalachian Physical Therapy, Inc. will note it as the primary/preferred number and record the other phone number as an emergency number. The data screen and intake form should be flagged/highlighted to emphasize the preferred phone number.

- c) Procedure: If the patient requests an alternate address for statement mailing Appalachian Physical Therapy, Inc. will first confirm and obtain assurance that payment consent will not be compromised. Appalachian Physical Therapy, Inc. will enter the alternate address as the primary/preferred mailing address and record the home address as the emergency contact site. The data screen and intake form should be flagged/highlighted to emphasize the preferred address.

3) The Patient Has the Right to Inspect and Copy

The patient has the right to inspect and copy his/her PHI. Should we decline we must provide him/her with a resource person to assist in the review of our refusal

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decision. We must respond to the patient's request within thirty (30) days, we may charge reasonable fees for supervised inspection time, copying and or labor time related to copying. We may exercise the right to require an appointment for record inspection; we have the right to ask for the patient's request in writing and will exercise that right.

a) Definitions:

Access:

b) Inspect: Patients may inspect/read their clinical and billing records and associated documents under the supervision of a staff member (an inspection fee may be charged if the access is more frequent than once annually or if the inspection duration exceeds thirty (30) minutes)

ii) Copy: Patients may obtain a copy of all or a portion of their clinical and billing records and associated documents in paper or in electronic media (if such records are maintained electronically). A copying/duplication fee including labor costs will be charged.

b) Procedure: Patients

Patients may request access to their PHI by submitting a request in writing to Appalachian Physical Therapy, Inc.'s HIPAA Officer. The patient will be requested to use the PHI Access Request Form, if possible. The form specifies that access will be granted within thirty (30) days of its receipt unless otherwise notified. It identifies the fees that will be charged for the supervised inspection, copying or for summarizing the record and it details the access requirements listed below requiring that the patient:

i) State the type of access request (inspection, copy of all or specified records or a summary of the records)

ii) Specify the dates and specific information

iii) Sign and date the request and provide proper identification upon accessing the records

c) Procedure: Business Office Staff

i) The Business Office staff member refers all Access Requests to the HIPAA Officer after verifying the request, confirming that all of the prerequisite information has been provided by the patient, including, but not limited to, an authentic signature

ii) If the request is incomplete the Business Office staff designee will forward the request back to the patient noting any and all deficiencies. If the request is complete, but the records have deficiencies the chart will be forwarded to the appropriate person(s) for completion. If the request and the chart are complete and the patient has requested a PHI inspection the Business Office designee will set an appointment for the patient with the HIPAA Officer, or his/her designee who will be present during the inspection. The patient will not be allowed to remove any documents from the file or make any entries.

iii) If the patient wishes to amend the record he/she will be advised of the amendment procedure

iv) If the patient has questions about billing information the HIPAA Officer may answer those during the inspection appointment or at a later date if research is required

v) If the patient has a question about his/her clinical record he/she will need to make an appointment to meet with the appropriate therapist

vi) If the request and the chart are complete and the patient has requested PHI copying then the Business Office staff designee will make the specified copies and disburse to the patient per his/her written specifications (paper or electronic media)

vii) If there is a delay in allowing access the patient will be provided a written extension statement with a specified access date not to exceed an additional thirty (30) days

viii) If the HIPAA Officer has preliminarily denied access it must be based on either it is on Unreviewable Grounds (e.g. civil, criminal or administrative action or proceedings) or

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Reviewable Grounds (e.g. safety or life endangerment). The HIPAA Officer will forward all potential denials to the Owner

- ix) The HIPAA Officer will review the request and approve or deny the access based on all of the above conditions
- x) The Authorization for Release of Information and all supporting data will be filed in the Authorization Log and the patient's clinical file
- xi) Any requests made by patients that are not from Appalachian Physical Therapy, Inc. must be returned to the patient; if the location of the requested information is known, it should be included in the communication to the patient.

2) The Patient Has the Right Revoke His/her Authorization

If the patient has granted us an authorization to use or disclose his/her PHI he/she may revoke it at any time it in writing. The patient must understand that we relied on the authority of his/her authorization prior to the revocation and used or disclosed his/her PHI within its scope.

- a) Procedure: The Business Office staff designee forwards any patient request to revoke authorization to the HIPAA Officer. The HIPAA Officer will carry out the revocation if the request is in writing and provides adequate information to carry out the revocation. The HIPAA Officer will sign off on the revocation and will inform the Business Office staff designee; the Business Office staff designee will document the change and insert the signed revocation in the Authorization Log and in the patient's chart. The HIPAA Officer will contact the patient if the requested revocation is inadequate and will initiate the proper procedures to facilitate the revocation for the patient.

5) The Patient Has the Right to Amend His/her PHI

The patient has the right to request an amendment of his/her record. We have the right to ask for the request in writing and we will exercise that right. We may deny that request if the record is accurate and/or if the record was not created by Appalachian Physical Therapy, Inc. If we accept the amendment we must notify the patient and make effort to notify others who have the original record.

6) The Patient Has the Right to Know Who Else Sees His/her PHI (Hardcopy)

- a) The patient has the right to request an accounting of certain disclosure that we or our business associates have made over the previous six years. We do not have to account for all disclosures, including those made directly to the patient, those involving treatment, payment, health care operations, those to the family/friend involved with your care and those involving national security. The patient has the right to request an accounting annually, we have the right to ask for the request in writing and to charge for any accounting requests that occur more than once per year; we must advise the patient of any charge and the patient has the right to withdraw his/her request or to pay to proceed.

1) The patient has a right to be informed of a breach of his/her privacy

We are required to notify the patient by first class mail or by e-mail (if indicated a preference to receive information by e-mail), of any breaches of unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

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- a) A description of the breach, including the date of the breach and the date of its discovery, if known
- b) A description of the type of unsecured protected health information involved in the breach
- c) Instructions regarding the measures the patient should take to protect him/her from potential harm resulting from the breach
- d) Correction action Appalachian Physical Therapy, Inc. has/will take to investigate the breach, mitigate losses, and protect the patient from further breaches
- e) Appalachian Physical Therapy, Inc. contact information, including a e-mail address, Web site or postal address to allow for additional questions

8) The Patient Has the Right to Complain

The patient has the right to complain if he/she feels his/her privacy rights have been violated. The patient may complain directly to us or to the Secretary of Health and Human Services/Office of Civil Rights (OCR). We will not retaliate against patient if he/she files a complaint about us. All complainants should provide a reasonable amount of detail to enable us to investigate the concern. To file a complaint with us the patient should contact:

Name: HIPAA Officer and/or Owner
Address: 171 E. Springbrook Rd., Broadway, VA 22815
Phone: (540) 901-9501

9) The Patient Has the Right to Receive a Copy of the Privacy Notice

Appalachian Physical Therapy, Inc. is obligated to provide the patient with a copy of its Notice of Privacy Practices and to post the Notice in a conspicuous place for patients to access as well as on our website. We have the right to change the Notice to comply with policy, rules or regulatory changes; we are obligated to give new notices to current and subsequent patients as changes are made. We are required to maintain each version of a Privacy Notice for a minimum of six (6) years.

Patient/Client Rights & Responsibilities

It is the practice and commitment of all employees and agents of Appalachian Physical Therapy, Inc. to respect and ensure the legal, ethical, moral and privacy rights of the patients and clients it serves. Furthermore, every effort will be made to stay abreast of these rights and to provide an environment that promotes human dignity as a founding service principle.

Each Patient has the Right to:

- 1) Be greeted and treated with care and in a courteous, confidential & dignified manner
- 2) Be assigned to the appropriately educated, trained, and skilled individual without regard to race, color, creed, gender, national origin, disability, religion, sexual orientation, health status, veteran status or age
- 3) Expect that all care will be delivered by or under the supervision of a *Physical Therapist* and that the identity of the individuals delivering care will be readily available
- 4) Be serviced in a facility that is fully compliant with federal, state and local regulations
- 5) Be given information regarding his/her care or potential care in a timely manner and in a way in which he/she can understand, the procedure(s), the purpose, the probable outcomes, the alternatives and the risks and benefits associated with recommended care or the lack of it
- 6) Be given the opportunity to participate in his/her care and care decisions including declining part or all of the Plan of Care
- 7) Expect that his/her diagnosis, prognosis, past history, treatment, clinical records and other associated documents, paper or electronic, will be handled in a confidential manner per HIPAA and state regulations, whichever is more protective.
- 8) Be given a copy and expect full facility compliance with the Privacy Practices Notice
- 9) Be treated in an environment that is safe and accessible to the fullest extent of the law
- 10) Be duly and timely informed of any financial responsibilities that he/she will have as a result of rehabilitative, educational or injury prevention intervention
- 11) Request and receive an itemized statement for all services delivered, regardless of payer source
- 12) Be informed of any financial relationships that Appalachian Physical Therapy, Inc. has with any payers, referrers, other referring healthcare entities/practitioners and/or vendors
- 13) Be given a copy of these rights, upon request, and minimally be assured that Appalachian Physical Therapy, Inc., as a measure of commitment, will maintain a posted copy of the "Patient Rights" in a prominent public access place within the facility

Each Patient/Client has the Responsibility to:

- 1) Give complete, accurate and timely medical, personal demographic and payer information to Appalachian Physical Therapy, Inc.
- 2) Comply with the rehabilitative Plan of Care (in a collaborative decision-making manner) to the best of his/her ability which includes, but is not limited to, following home programs/instructions, punctually attending scheduled treatment sessions and adhering to known precautions and limitations
- 3) Advise his/her therapist when rehabilitative goals or treatment approaches require modification secondary to external complicating factors including, but not limited to, physical or mental health, family, work or religious conflicts or commitments
- 4) Adhere to obvious conduct guidelines while at Appalachian Physical Therapy, Inc., including, but not limited to, courteous interaction with staff, other patients/clients and visitors, conscientious personal hygiene and modesty and respect for treatment and clinical record confidentiality for self and others
- 5) Provide objective complaint notification to the HIPAA Officer or her designee as well as the Licensing Board(s), if indicated.

Discrimination is Against the Law

Appalachian Physical Therapy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Appalachian Physical Therapy does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Appalachian Physical Therapy:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Vicki Terry, Practice Manager.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 540-901-9501.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電540-901-9501。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 540-901-9501.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 540-901-9501.
번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 540-901-9501.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 5409019501(رقم هاتف الصم والبكم).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 540-901-9501.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 540-901-9501.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 540-901-9501.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 540-901-9501. पर कॉल करें।

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 540-901-9501.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-540-901-9501.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 540-901-9501.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 540-901-9501.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-540-901-9501 تماس بگیرید.

If you believe Appalachian Physical Therapy has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Vicki Terry, Practice Manager, 171 East Springbrook Rd. Broadway, VA 22815, (540) 901-9501, fax (540) 901-8773, vmterry@aptfc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Vicki Terry, Practice Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>