

**Madden Physical Therapy**  
**5425 Jonestown Road, Suite 100**  
**Harrisburg, PA 17112**  
**Ph: 717-901-9487**  
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### **Notice of 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 this information carefully.*

1.) **Madden Physical Therapy Duties**

Madden Physical Therapy (“Madden”) has a legal duty to safeguard our patients’ privacy in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”). Outlined below is our office policy regarding the protection of our patients’ protected health information<sup>1</sup> (“PHI”), how this information may be used and disclosed, and how a patient obtains access to their health information.

We are required to abide by the terms of this Notice of Privacy Practice until it is superseded or amended. To that end, Madden reserves the right to amend the terms of its privacy practices. Any amended or new privacy provisions will be effective for all protected health information maintained by Madden. Should Madden amend its privacy practices at any time in the future, you will receive a revised notice when you next seek treatment from us.

2.) **How Madden May Use and Disclose Patients’ Protected Health Information**

**Treatment, Payment and Health Care Operations** We will use your PHI for the purposes of treatment, payment and health care operations.

**Treatment** includes the disclosure of health information to other providers who have referred you for services or are involved in your care. This may include doctors, nurses, technicians, and other physical therapists. For example, we may feel that a stroke patient we are treating would benefit from an evaluation by a speech-language pathologist to address a swallowing difficulty. The health information that we share with the speech-language pathologist would be considered a treatment related disclosure.

**Payment** includes the disclosure of health information to your insurance company, including Medicare and Medicaid so that payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary.

**Health Care Operations** includes the utilization of your records to monitor the quality of care being given at our facility, to evaluate those providing care, and for business planning activities. For example, Madden may use a patient’s PHI to conduct quality analyses and employee reviews.

**Other Special Uses**

Madden may use your PHI to provide appointment reminders, to inform you of our other health related products and services which may be of benefit to your, or to request a contribution to our charitable activities.

**Appointment Confirmation:** It is Madden’s standard practice to call each patient regarding an upcoming appointment. In order to ensure the protection of your PHI, we must call the phone number provided by the patient. If we are prompted to leave a voice mail message, we will assume that it is secure and that we have your permission to leave a message with pertinent information. If we contact you at the home telephone number provided and we are prompted to leave a voice mail message, we will leave a message for you again assuming that it is secure that we have your permission to do so. If you, the patient provide us with a phone number and upon calling that number we reach a family member, co-worker, or other person, we will ask that person

to take a message with pertinent appointment information including but not limited to the date, time and location of the appointment.

### **Uses and Disclosures Required by Law**

HIPAA either permits or requires us to use or disclose your PHI in the following ways:

- We may share some of your PHI with a family member or friend involved in your care with your written consent.
- We may use your PHI in an emergency situation when you may not be able to express yourself.
- We will use and disclose our patients' PHI when we are required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the release requirements of the law.

### **Public Health Activities**

We will report information to government officials that are in charge of collecting information for the purpose of:

- a. Preventing or controlling disease, injury or disability;
- b. Reporting child abuse and neglect;
- c. Providing an employer information about an employee regarding a potential work injury or illness;
- d. Notifying individuals if a product or device they may be using has been recalled;
- e. Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient, including domestic violence: however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.

### **Health Oversight Agency**

We will provide information, including a patients' PHI to a Health Oversight Agency for oversight activities authorized by law. These activities can include but are not limited to, investigations, inspections, audits, surveys, licensure and disciplinary actions.

### **Judicial and Administrative Proceedings**

We may use and disclose a patients' PHI in response to a court or administrative order, if a patient is involved in a lawsuit or similar proceeding. We also may disclose a patient's PHI in response to a discovery request, subpoena or proceeding or to obtain an order protecting the information the party has requested. However, we will only disclose such information as is expressly authorized.

### **Law Enforcement**

We may release PHI if asked to do so by law enforcement officials:

- a. In response to a warrant, summons, court order, subpoena, or similar legal process.
- b. To identify/locate a suspect, material witness, fugitive or missing person.
- c. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
- d. Concerning a death we suspect has resulted from criminal conduct.
- e. Regarding criminal conduct that occurred on our property.
- f. In an emergency, to report a crime (including the location of a victim of the crime, or the description, identity or location of the perpetrator).

### **Serious Threats of Health or Safety**

We may use or disclose a patient's PH when necessary to prevent or lessen an imminent threat to a patient's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

### **Government Functions**

We may disclose a patient's PHI if you are a member of the US or foreign military forces and if required by the appropriate authorities.

### **National Security**

We may disclose a patient's PHI to federal officials for intelligence of national security activities authorized by law.

### **Correctional Institutions**

We may disclose a patient's PHI to correctional institutions or law enforcement officials if the patient is an inmate or under custody of law enforcement officials.

### **Workers Compensation**

We may release a patient's PHI to comply with workers' compensation laws and similar programs.

**Your written authorization is required before your PHI may be used or disclosed by us for any other purposes. You may revoke your authorization in writing at any time, except to the extent that Madden has already made disclosures in reliance upon your prior authorization.**

## 3.) Your Privacy Rights

### **Restrictions**

You have the right to request certain restrictions on how your PHI is used; however, we are not required to agree with your request. If we do agree, we must abide by your request.

### **Confidential Communications**

You have the right to request that confidential communication from us be provided in another reasonable manner of your choosing. This request must be in writing.

### **Access to PHI**

You have the right to request a copy of your medical record. You must make this request in writing and we may charge you a fee to cover the costs of copying and mailing these records.

### **Amendments**

You have the right to request an amendment to be made to your PHI if you disagree with what your record says about you. This request must be made in writing. If we disagree with you, we are not required to make the change and will notify you of the same in writing. At that time, you do have the right to submit a written statement disagreeing with your denial which will become a part of your permanent record. We may not amend parts of your medical record that we did not create.

### **Accounting of Disclosures**

You have the right to request an accounting of the disclosures of your PHI made in the previous six years. These disclosures will not include those made for treatment, payment or health care operations or for which we have obtained prior authorization.

### **Complaints**

If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with your response, you may complain directly to the Secretary of Health and Human Services.

### **Request a Copy of This Notice**

You have the right to obtain a copy of the Notice upon request. This notice is also published on our website: [www.maddenpt.com](http://www.maddenpt.com)

### **Privacy Contact**

If you would like more information about our privacy practice or to file a complaint, you may contact:

Susan Madden  
Privacy Officer  
5425 Jonestown Road, Suite 100  
Harrisburg, PA 17112  
717-901-9487

**Effective Date** This Notice will take effect on July 1, 2009.