



MOTIONWORKS PHYSICAL THERAPY NOTICE OF PRIVACY PRACTICES

We recognize the sensitive nature of your protected health information (PHI). We are committed to protecting your privacy as well as your health. The following Notice of Privacy Practices describes how your medical information may be used and disclosed by Murphy and Associates Physical Therapy, LLC (dba MotionWorks Physical Therapy), and how you can get access to this information. Please review it carefully.

Uses and Disclosures

Pursuant to law, we may use health information about you for treatment (such as sending your medical record information to a specialist physician as part of a referral), to obtain payment for treatment (such as sending information to a health insurance plan) including workers' compensation or other similar programs that provide benefits for work-related injury or illness, for administrative purposes (such as notifications related to business operations or marketing new services), to contact you when necessary, and to evaluate the quality of care that you receive (such as comparing patient data to improve treatment methods and quality of services).

Your Choices About What We Share

Our policies and procedures are designed to protect your privacy. We never share your information unless you give us written permission for marketing purposes and/or to sell your information. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Other Uses and Disclosures

Subject to certain requirements, we may disclose identifiable health information about you without your authorization for reasons required by law (including a court order or subpoena). These reasons may include for workers' compensation claims, public health and safety purposes, abuse or neglect reporting, auditing purposes, research studies, and/or emergencies. We also provide information when otherwise required by law, such as to law enforcement authorities in specific circumstances to avert a serious threat to your health or safety or the health or safety of the public or others. If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities.

Your authorization is required before your PHI may be used or disclosed by us for other purposes. If you choose to sign an authorization form to disclose information, you can later revoke that authorization to stop any future uses or disclosures by informing us in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Individual Privacy Rights

Restrictions

- You have the right to request restrictions on how your PHI is used; however, we are not required to agree with your request, especially if this will interfere in providing the highest quality of care. If we do agree, we must abide by your request.
- If you pay for a service or health care item out-of-pocket without any assistance from your insurance company, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

Confidential Communications

You have the right to request confidential communication from us in a different way such as by home, office, or mobile phone or at a location of your choosing, such as sending mail to an address other than

your home address. You may request in writing that we not use or disclose your information for treatments, payments, or administrative purposes to persons involved in your care except when specifically authorized. We will do our best to honor this written request.

Power of Attorney Privileges

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.

Access to PHI

You have the right to request a copy of your medical record in either an electronic or paper format. You must make this request in writing, and we will comply within 30 days of your request. We may charge a reasonable fee to cover the costs of copying and mailing.

Amendments

You have the right to request an amendment be made to your PHI, if you disagree with what it says about you. This request must be made in writing. If we disagree with you, we are not required to make the change, but we'll tell you why in writing within 60 days. You do have the right to submit a written statement about why you disagree that will become part of your record. We cannot 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 health information we have made in the previous six years including who we shared it with and why. These disclosures will not include those made for treatment, payment, or health care operations or for which we have obtained authorization from you to make.

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 our response, you may complain directly by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/, or by sending a letter to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Ave, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775.

Our Duty to Protect Your Privacy

We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of this document. You are encouraged to ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you next seek treatment from us or upon request. The most current version of our Notice of Privacy Practices is also available any time on our website at www.motionworkspt.com. Effective date of this notice: 4/14/03.

Privacy Contact

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

Name: Jill Murphy, DPT, LAT, CSCS, Privacy Officer

Address: 1158 Westowne Dr, Neenah, WI 54956

Phone: 920-215-2050 **Email:** Jill@motionworkspt.com