

# Wind City Physical Therapy Privacy Practices

Effective Date January 1, 2017

Updated January 1, 2022



**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.**

Wind City Physical Therapy (“we”, or “us”) is committed to providing you with the highest quality of care in a friendly and encouraging environment that protects your privacy and the confidentiality of your health information. As such, this notice explains our privacy practices, as well as your rights, regarding your health information.

## Your Rights

You have the following rights regarding health information we maintain about you. This section explains your rights and how to exercise them. You have the right to:

### Ask Us to Restrict What We Use or 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 these requests. For example, we may deny 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. Requests will be honored unless a law requires us to share that information.

### Request Confidential Communications

- You can ask us to contact you in a specific way (for example your work phone) or to send mail to a different address. We will honor all reasonable requests.

### Obtain an Electronic or Paper Copy of Your Medical Record

- You can ask to inspect or get an electronic or paper copy of your medical record and other health information we maintain about you.
- 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.

### Ask Us to Correct or Amend Your Medical Record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may deny your request, but we will inform you in writing, usually within 60 days of your request. To request an amendment your request must be made in writing, submitted to the Privacy Officer.

### Obtain a List of Those With Whom We've Shared Your Information

- You can ask us for a list (accounting) of the instances we have shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked us to make or other authorized disclosures). We will provide one accounting per year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. To request this list of disclosures, you must submit your request in writing to the Privacy Officer.

### Obtain 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 (your “personal representative”) can exercise your rights and make choices about your health information.
- If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to verify that the person has the authority and can act for you before we take any action.

## 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.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility.

The notice will contain on the first page, the effective date. In addition each time you register for treatment or health care services, we will offer you a copy of the current notice in effect. This notice is also available at [www.http://windcitypt.com/](http://windcitypt.com/).

## You May File a Complaint

If you believe your privacy rights have been violated or you have questions regarding this notice please contact the Privacy Officer at 307-235-3910 or email [kblair@windcitypt.com](mailto:kblair@windcitypt.com).

You may also file a complaint with the Office of Civil Rights US Department of Health and Human Services by sending a letter to 200 Independence Ave. S.W., Washington, D.C 20201, call 1.877.696.6775 or visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

Filing a complaint will not affect the treatment or services you receive.

Please contact us to exercise any of the above items using the information at the end of this Notice. You may have to complete a form and submit your request in writing. For example, to request an amendment of your record you must fill out a form.

## This Notice Will be Followed By:

All organizations required to have a Notice of Privacy Practices and owned or controlled by Wind City Physical therapy (referred to together this Notice as “we,” or “us”). Such organizations may designate themselves as an affiliated covered entity to act together as one organization for purposes of privacy law. A complete listing of organizations is available from the Wind City Physical Therapy Privacy Officer. This Notice applies to all locations that provide therapy and related services.

## How Wind City Physical Therapy May Use and Share Your Health Information

We may, without your written permission, use your health information within Wind City Physical Therapy and share or disclose your health information to others outside Wind City Physical Therapy in the following ways:

### For Treatment, Payment, and Health Care Operations

Wind City Physical therapy may use and disclose your health information without your written authorization for treatment, payment, and health care operations.

**For Treatment:** We may use your personal health information to provide you with health care treatment or services. We may share your health information with doctors, nurses, health students, or other personnel who are involved in your care. For example, a treating therapist may ask another health care provider about your condition to assist in treating you.

**For Payment:** We may use and disclose your personal health information to help us or another provider obtain payment for the healthcare services provided. For example, we may need to give your health plan information about your treatment session so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the cost of treatment.

**For Health Care Operations:** We may use your health information to support our business practice activities and improve the quality and cost of care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use your health information to contact you at the address and telephone number(s) you provide (including leaving a message at the telephone numbers) about scheduled or canceled appointments, registration/insurance updates, billing and/or payment matters.

#### **Other instances that require Use or Disclosure of**

##### **Your Personal Health Information**

Wind City Physical Therapy may use or disclose your personal health information to others without your permission in various other ways, typically to assist the general public including public policy and research. Prior to sharing your information Wind City Physical Therapy must adhere to the various conditions in the privacy law before we share your information. Examples include the following:

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes, or we may contact you about research projects that you may qualify for. For example, a research project may involve comparing the health and recovery of all patients with the same condition who received the same services to those who received other services. Occasionally, you may be asked to give authorization before we share your information with others for use in research. If your information is used, the researcher must keep your information safe and confidential.

**Fundraising:** For fundraising purposes to support Wind City Physical Therapy and its affiliated foundation mission provided, however, that such information is limited to demographic information only such as name, address, phone number, age or gender. If we contact you for fundraising purposes, you will be provided with information on how to remove yourself or opt out of receiving future fundraising solicitations.

**Group Health Plan/Plan Sponsors:** We may permit a health insurance issuer that services us to disclose summary health information to a plan sponsor to obtain premium bids or modify, amend or terminate the group health plan as well as to perform plan administration functions.

**As Required by Law:** We will disclose health information about you when required to do so by federal, state or local law. For example, your health information may be disclosed if we are required to report abuse, neglect, domestic violence or certain physical injuries.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans:** If you are a member of the military or a veteran, we may release your health information to the proper authorities so that they may carry out their duties under the law.

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

**Individuals Involved in Your Care or Payment for Your Care:** If people such as family members, relatives or close personal friends are helping to care for you or helping to pay your medical bills, we may release health information to them. This is limited to the information necessary for your care or for payment for your care.

**Public Health Risks:** We may disclose information about you for public health activities, which generally include the following:

To prevent or control disease, notify people of product recalls, report adverse reactions to medications or problems with products.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order.

We may also disclose health information about you 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.

**Law Enforcement:** We may release health information if asked to do so by law enforcement officials. For example reporting certain injuries as required by law or in response to a court order, subpoena or similar process.

**National Security and Intelligence Activities:** We may release health information about you to an authorized federal official(s) for intelligence, counter-intelligence and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose health information about you to authorized officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

##### **Other Uses of Health Information:**

Other uses and disclosures of health information not covered by this notice or the laws that apply to use will be made only with your written authorization including disclosures that constitute the sale of your health information or disclosures related to marketing outside of face-to-face and promotional gifts of nominal value that are permitted under the law. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and those we are required to retain our records of the care that we provided to you.

##### **ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE**

We will request that you sign a separate form or notice acknowledging you have been offered a copy of this notice. If you choose, or are not able to sign, a staff member may sign his/her name and date. This acknowledgement will be filed with your records.

If you have any questions about our notice, please contact our Privacy Office at  
1541 Centennial Ct. Casper WY 82609  
(307) 235-3910 or e-mail [kblair@windcitypt.com](mailto:kblair@windcitypt.com)

