



5350 Partners Court, Suite B Frederick, MD 21703 Phone: (301) 732-4754 Fax: (301) 732-5702  
[www.Cornerstonept.net](http://www.Cornerstonept.net) info@cornerstonept.net

## Notice of Privacy Practice

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.

Cornerstone Physical Therapy and its affiliated companies ("Provider"), may use and disclose your protected health information for treatment, payment and health care operations in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") as amended and implemented by regulations of the federal Department of Health and Human Services ("Regulations"). The use of "you" or "your" below, where in context, also refers to your authorized representative(s).

**Consents:** In accordance with Regulations, Provider exercises its option to obtain your consent regarding the use and disclosure of your information at the start of care or within a reasonable amount of time afterwards. Provider maintains the right not to provide treatment if you refuse to sign the consent form. **Authorizations:** Your written authorization is required for the disclosure of your protected health information when the disclosure is not for treatment purposes, Provider operations, payment, or required by law.

### YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment by the Provider and to others involved with treatment (such as your attending physician, family member, pharmacists, suppliers of medical equipment or other health care professionals). For example, your attending physician may need information about your symptoms in order to prescribe appropriate medications. Where applicable, any documents containing protected health information given to you or left in your home by one of your caregivers for the purpose of treatment instruction and/or continued care, is your responsibility to safeguard.

To Obtain Payment. The Provider may disclose your health information to collect payment from third parties. For example, Provider may be required by your health insurer to disclose information regarding your health care status to obtain prior approval for treatment.

To Conduct Health Care Operations to facilitate the function of the Provider and as necessary to provide quality care to all of the Provider's patients; including such activities as:

- Quality assessment and improvement
- Activities designed to improve health and reduce health care costs
- Protocol development, case management and care coordination
- Contacting providers and patients about treatment alternatives and other related functions
- Professional review and performance evaluation
- Supervised professional training programs
- Accreditation, certification, licensing or credentialing
- Review and auditing (including compliance, medical, and legal services)
- Business planning and development (includes cost management, analyses, and formularies)
- Business management and general administration

For example: provider may use your health information to evaluate its staff performance, combine your health information with other Provider patients in evaluating how to more effectively serve all Provider patients, disclose

your health information to Provider staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you via information mailings (unless you tell us you do not want to be contacted for such).

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of Provider. For example, we may disclose your protected health information to Business Associate to administer claims. Business Associates are also required by law to safeguard your protected health information.

For Appointment Reminders. Provider may use and disclose your health information to contact you as a reminder that you have an appointment with said Provider.

For Treatment Alternatives. Provider may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT YOUR AUTHORIZATION FOR THE FOLLOWING PURPOSES:

- As required by law<sup>u</sup> Public health activities
- To avert a serious threat to health or safety
- Judicial and administrative proceedings
- Research purposes
- For specialized government functions
- Victims of abuse, neglect or domestic violence
- Health oversight activities
- Law enforcement purposes
- Deceased (coroners, medical examiners, funeral directors)
- Organ or tissue donation
- For workers' compensation

Other than as stated above, Provider will not disclose your health information without your written authorization, which you may revoke in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION:

- Right to request restrictions on certain uses and disclosures of your health information, including individuals involved in your care or payment. However, Provider is not required to agree to your request.
- Right to receive confidential communications in a certain way. For example, you may ask that Provider only communicate with you privately with no other family members present. Providers will not request any reasons for your request and will attempt to honor any reasonable requests.
- Right to inspect and copy your health information including billing records. To request an inspection or copy of your records containing your health information, please directly notify your Provider location. Provider may charge a reasonable fee for copying and assembling costs associated with your request.
- Right to request amendments to your health care information (including corrections or other opinions) for any health information in question as long as it is maintained by Provider. This right does not include the deletion, removal, or erasure of health information. All such requests must be made in writing. Provider may deny the request if: it is not in writing; does not include a reason; the health information was not created by Provider nor part of Provider's records; if you are not otherwise permitted by the Regulations to inspect or copy the health information in question; or, if after considering your request Provider finds that health information is already accurate and complete.

- Right to an accounting of disclosure of your health information made by Provider for reasons other than for treatment, payment or health operations starting after 04/12/2003. All such requests must be made in writing and should specify the time period for the accounting not to exceed six (6) years or the normal record retention policy of Provider, whichever is longer. Provider will provide the first accounting requested during any twelve (12) month period without charge. Subsequent requests may be subject to a reasonable cost-based fee.
- Right to a paper copy of this notice at any time, even if you have received this Notice previously. A copy of this current version of this notice is available at Provider location.

Please contact your Provider location directly to make any requests regarding your rights above. You may also contact the HIPAA Privacy Officer (see below).

**DUTIES OF PROVIDERS (AS REQUIRED BY LAW):**

- To maintain the privacy of your health information;
- To provide to you or your representative this Notice of its duties and privacy practices;
- To abide by the terms of this notice as may be amended from time to time, and;
- To notify you in the event that we or one of our Business Associates discover a breach of your unsecured protected health information, in manner not permitted under the Privacy Rule, which compromises the security or privacy of the protected health information, and poses a significant risk of financial, reputational, or other harm to you.

CHANGES TO THIS NOTICE: Provider reserves the right to change the terms of this Notice and to make such changes effective for all health information that it maintains. If Provider changes this Notice, Provider will provide a copy of the revised Notice to you via your Provider location.

COMPLAINTS: You have the right to express complaints to Provider or the Secretary of DHHS if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint. Any complaints should be made in writing to your Provider location and/or HIPAA Privacy Officer.

TO CONTACT US: Please contact your Provider directly with any requests or questions you have regarding your health information. Our designated HIPAA Privacy Officer may also be called for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at:

HIPAA Privacy Officer; Cornerstone Physical Therapy; 5350 Partners Court, Suite B; Frederick, MD. 21703, or by calling 301-732-4754.



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\_\_\_\_\_, I, acknowledge I have received and reviewed Cornerstone Physical Therapy's Notice of Privacy Practice which includes my rights under HIPAA guidelines.

\_\_\_\_\_  
Signature of patient or Parent/Guardian of patient

\_\_\_\_\_  
Date