

## 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 IT CAREFULLY.

### 1. Our Duties

Vive Physical Therapy LLC is required by law to maintain the privacy and security of your protected health information (“PHI”), provide you with a copy of this Notice, and abide by the terms of this Notice currently in effect. In addition, we will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.

### 2. Uses and Disclosures of PHI

Vive Physical Therapy, LLC uses and discloses your PHI for treatment, obtaining payment for treatment, and conducting our healthcare operations. Examples of these uses and disclosures are as follows:

- Treatment: We will use and share your PHI for your treatment. For example, we will use and share your PI to treat you and to provide your referring physician with a copy of your physical therapy evaluation or progress notes during your follow-up visit with them if needed. We may also use and share your PHI to contact you to send you an appointment reminder, or follow-up with you regarding your progress.
- Payment: We may use and share your PHI to obtain payment for our services. For example, we may use your PHI to bill and get payments from you, your health plan, or other entities responsible for payment for your care, including sharing PHI with your insurance company and collection agencies.
- Health Care Operations: We may use and share your PHI for our health care operations purposes. For example, we may use and share your PHI to run our practice, contact you, and perform quality assurance to help us monitor and improve the quality of care we provide.

We are allowed or required to use and disclose your PHI in other ways without your written authorization when we meet certain conditions required by law. We may use and disclose your PHI without your written authorization, or your ability to agree or object, in the following circumstances:

- To help with public health and safety issues, such as preventing disease, helping with product recalls, reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone’s health or safety;
- For health-related research;
- With organ procurement organizations, coroners, medical examiners, or funeral directors;
- To comply with law;
- When permitted or required by law, including disclosures for workers’ compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions, such as military, national security, and presidential protective services; and
- In response to a court or administrative order, or in response to a subpoena.

We may also disclose your PHI to a family member, friend, or any other person who is involved in your care or payment for care. In this case, you have the right and choice to tell us to share PHI with your family, friends, or others involved in your care. If you are not able to tell us your preference, we may go ahead and share your PHI if we believe it is in your best interest. Additionally, we may disclose PHI in a disaster relief situation, and will give you the opportunity to agree or object to the extent we determine in our professional judgment that it does not interfere with our ability to respond to the emergency circumstances.

Uses and disclosures of your PHI for marketing purposes, disclosures that constitute a sale of PHI, and most disclosures of any psychotherapy notes will not be made without your written authorization. Further, uses and disclosures not described in this Notice will be made only with your written authorization. If you provide us with written authorization to use or disclose your PHI, you may later revoke that authorization at any time to stop future disclosures by providing us with written notice of your revocation at Vive Physical Therapy, 2065 Juniper Lake Road, West End, NC 27376. Your revocation of an authorization may not apply to any uses or disclosures of your PHI already made in reliance on that authorization.

### **3. Your Privacy Rights**

You have certain rights when it comes to your PHI. The following explain your rights and some of our responsibilities:

- You have the right to inspect and obtain a copy of your PHI in paper or electronic form, if it is readily producible in such form or format. This request must be made in writing. You may not be able to obtain all of your PHI in certain cases, for example, we may deny your request if a treating provider determines something in your file might endanger you or someone else.
- You have the right to request that we contact you in a specific way (e.g., at your home or office phone), or that we send mail to a different address. Such requests must be in writing. We will honor all reasonable requests.
- You have the right to request restrictions on our use or disclosure of PHI to carry out treatment, payment, or healthcare operations. We will consider these requests on a case-by-case basis, but are not required to agree to your request. If you pay for health care treatment out-of-pocket, in full, you can ask us not to share your PHI with your health insurer for payment or health care operations purposes and we will comply with that request, unless we are required by law to share that information.
- You have the right to ask us to correct any PHI that we have that you think is incomplete or incorrect. Such request must be made in writing, and we may ask you to provide a reason to support your request. We have the right to determine whether to grant such a request for amendment, and can deny such requests, for example, if we believe the information is correct.
- You have the right to obtain a list (an “accounting”) of the times we shared your PHI, with whom we have shared it, and why we shared it, during the 6 years prior to your request. This accounting will not include disclosures we made for treatment, payment, healthcare operations, or certain other purposes (e.g., disclosures you asked us to make). We will provide one accounting free per year, but will charge a reasonable, cost-based fee if you request another accounting within 12 months.

- You have the right to receive a paper copy of this Notice (even if you have agreed to receive an electronic version). You can click the hyperlink for a printable PDF of this [Notice](#) or get a copy from our facility where you obtained treatment.

To exercise any of these rights, please contact 910-378-1895 or email [vpt@vivephysicaltherapy.com](mailto:vpt@vivephysicaltherapy.com).

#### **4. Changes to this Notice**

Vive Physical Therapy reserves the right to change the terms of this Notice, and the changes will apply to all PHI we have about you as well as any PHI we create or receive in the future. Revised versions of this Notice will be available on our website, in our facilities, and made available to you upon request.

#### **5. Concerns and Complaints**

You have the right to file a complaint if you feel that we have violated your privacy rights. If you would like to file a complaint, you may do so by contacting Vive Physical Therapy management by calling or emailing the number and address below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

For further information on Vive Physical Therapy's privacy practices, please contact us at:

Privacy Officer  
910-378-1895  
[vpt@vivephysicaltherapy.com](mailto:vpt@vivephysicaltherapy.com)

Effective Date: June 1, 2018