Blue Sky Physical Therapy, PC
Blue Sky Pilates and Wellness, Inc
155 S. Madison St Suite 303, Denver, Colorado, 80209 • Phone 303-388-1537 • Fax 303-388-4470

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY BLUE SKY PHYSICAL THERAPY AND BLUE SKY PILATES AND WELLNESS, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information, or "PHI") used or disclosed to us in any form, whether electronically, on paper, or orally, to be kept confidential. This federal law gives you, as the patient, significant rights to understand and control how your PHI is used. HIPAA provides penalties for covered entities that misuse PHI. As required by HIPAA, we have prepared this explanation of how we maintain the privacy of your PHI and how we may use and disclose your health information.

We are permitted to use and disclose your PHI for the purposes of treatment, payment and health care operation, without your written consent.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

In addition, your PHI may be used to remind you of an appointment (by phone, email, or mail), or to provide you with information about treatment options or other health-related services. Your PHI may also be released to designated friends and family members that are directly involved in your care, or who assist in taking care of you. We will use and disclose your PHI when we are required to do so by federal, state or local law. We may disclose your PHI to public health authorities that are authorized by law to collect information, or to a health oversight agency for activities authorized by law. We will release your PHI in response to a court or administrative order, or in response to a discovery request, subpoena, or other lawful process, but only after we have made an effort to inform you of the request, or to obtain an order protecting the information. We will release your PHI if requested by a law enforcement official as required by law. We may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety, 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. We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans), if required by the appropriate authorities. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may disclose your PHI to federal officials in order to protect the President, other officials, foreign heads of state, or to conduct related investigations. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public. We may release your PHI for workers' compensation and similar programs.

Other uses and discloses will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights in regard to your PHI, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below.

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you, as permitted under applicable law. We will abide by these restrictions unless doing so would interfere with your treatment, payment for services, or our health care operations.
- The right to request to receive confidential communications of PHI from us by alternative means or at alternative locations.
- The right to access, inspect and copy your PHI.
- The right to request an amendment to your PHI. You must make the request in writing and provide a reason to support your request. Please request a "HIPAA Request to Amend Medical Records" form to submit your request.
- The right to receive an accounting of disclosures of your PHI outside of treatment, payment, and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

HIPAA Privacy Officer
Hillary Joseph, PT, M.P.T.
Blue Sky Physical Therapy, P.C.
155 S. Madison St, Ste 303
Denver, CO 80209
(303) 388-1537

For more information about HIPAA or to file a complaint:

Office of Civil Rights, U.S. DHHS
1961 Stout Street – Room 1426
Denver, CO 80294
(303) 844-3439