

# **NOTICE OF PRIVACY PRACTICES**

## **Protected Health Information (PHI)**

**THIS NOTICE EXPLAINS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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### **Introduction**

Oklahoma Hand and Physical Therapy LLC ("Practice," "we," "us," or "our") is committed to safeguarding the privacy and security of your Protected Health Information (PHI). PHI is individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the health care services you receive, or payment for those services.

In the course of providing care, we create and maintain records about you. Federal and state law require us to protect the confidentiality of your PHI, to provide you with this Notice describing our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.

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### **Summary of This Notice**

This Notice explains: - How we may use and disclose your PHI - Your rights regarding your PHI - Our responsibilities concerning your PHI

We may use or disclose your PHI without your written authorization only as described in this Notice or as otherwise permitted by law. Any other use or disclosure will require your written authorization, which you may revoke at any time in writing.

This Notice applies to all PHI created or maintained by Oklahoma Hand and Physical Therapy LLC. We reserve the right to revise this Notice and make the revised Notice effective for PHI we already have as well as for information we receive in the future. The current Notice will be available at our clinic and upon request.

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### **Uses and Disclosures of PHI Without Authorization**

#### **1. Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. This may include sharing information with physicians, specialists, or other health care providers involved in your care.

## 2. Payment

We may use and disclose your PHI to obtain payment for services provided to you. This may include billing, claims management, utilization review, and collection activities involving you, your insurance company, Medicare, or Medicaid.

## 3. Health Care Operations

We may use and disclose your PHI for our operational activities, including quality improvement, staff training, credentialing, licensing, auditing, compliance activities, business planning, and administrative functions.

## 4. Business Associates

We may share PHI with third parties who perform services on our behalf ("business associates"), such as billing companies or IT service providers. These parties are required by law and contract to protect your PHI.

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## Other Permitted or Required Uses and Disclosures

Federal and state laws allow or require certain uses and disclosures of PHI without your authorization, including:

1. **As Required by Law** – Disclosures required by federal, state, or local law, court orders, or lawful processes.
2. **Workers' Compensation** – As permitted or required by workers' compensation laws.
3. **Family and Friends** – Disclosure to family members or others involved in your care or payment, unless you object.
4. **Judicial and Administrative Proceedings** – In response to subpoenas or legal requests, consistent with legal safeguards.
5. **Law Enforcement** – For law enforcement purposes as required or permitted by law.
6. **Incidental Disclosures** – Limited disclosures that occur as a byproduct of permitted uses.
7. **Public Health Activities** – To public health authorities for disease prevention, reporting, or safety monitoring.
8. **Health Oversight Activities** – To government agencies overseeing health care systems or benefit programs.
9. **Abuse, Neglect, or Domestic Violence** – To appropriate authorities when required or permitted by law.
10. **Serious Threats to Health or Safety** – To reduce or prevent a serious and imminent threat.
11. **Government Functions** – For military, national security, correctional institutions, or protective services.
12. **Research** – For approved research purposes under applicable legal protections.
13. **Decedents and Organ Donation** – To coroners, medical examiners, funeral directors, or organ procurement organizations.

If Oklahoma law provides greater privacy protection than federal law, we will follow the stricter law.

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## Uses and Disclosures Requiring Your Authorization

We must obtain your written authorization before: - Using or disclosing psychotherapy notes (with limited exceptions) - Using your PHI for marketing purposes - Selling your PHI - Any use or disclosure not otherwise described in this Notice

You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

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## Your Rights Regarding Your PHI

You have the following rights, subject to certain conditions and limitations:

### 1. Right to Access

You may request to inspect or obtain copies of your PHI in paper or electronic form. We will respond within 30 days (or up to 60 days if records are off-site).

### 2. Right to Amend

You may request an amendment to your PHI if you believe it is inaccurate or incomplete. We may deny the request in certain circumstances but will provide a written explanation.

### 3. Right to an Accounting of Disclosures

You may request a list of certain disclosures we have made of your PHI, excluding disclosures for treatment, payment, or health care operations.

### 4. Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your PHI. We are not required to agree to all requests, except as required by law.

### 5. Right to Confidential Communications

You may request that we contact you in a specific way or at a specific location. Reasonable requests will be accommodated.

### 6. Right to Breach Notification

You have the right to be notified if a breach of your unsecured PHI occurs.

### 7. Right to a Paper Copy

You may request a paper copy of this Notice at any time.

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## Personal Representatives

Your personal representative may exercise your rights on your behalf upon providing appropriate legal documentation of authority.

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## Complaints

If you believe your privacy rights have been violated, you may:

**1. File a complaint with us:**

Privacy Officer  
Oklahoma Hand and Physical Therapy LLC  
Tulsa, Oklahoma  
(Clinic contact information available upon request)

**1. File a complaint with the U.S. Department of Health and Human Services:**

Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

We will not retaliate against you for filing a complaint.

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## Changes to This Notice

We reserve the right to change this Notice and our privacy practices at any time. Any revised Notice will apply to PHI we maintain and will be made available in accordance with applicable law.

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**Effective Date:** May 1, 2021