



Physical Therapy Faculty Practice
California State University, Long Beach
1250 Bellflower Blvd, KIN-105
Long Beach, CA 90840

Phone: (562) 985-8286
Fax: (562) 985-4266
Email: CHHS-PTBeach@csulb.edu
Web: www.csulb.edu/ptbeach

NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully. This copy is for your record.

PT@TheBeach is committed to protecting medical information about you. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and California's Confidentiality of Medical Information Act (COMIA) created new rules for the use and protection of information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by law to maintain the privacy of your protected health information. One new rule requires us to provide you with this Notice of Privacy Practices. This Notice describes the legal duties and information privacy practices that are followed by our employees, staff, and business associates.

PT@TheBeach reserves the right to change the privacy practices and this Notice. A revised or changed Notice is effective for protected health information we already have about you as well and any information we receive in the future. A changed Notice will be posted in the Reception Area and on our website. PT@TheBeach abides by the terms of the Notice currently in effect which is indicated at the top right of this page. A current copy of this Notice is posted in the facility and at any time you may request a paper copy of the Notice currently in effect at our Front Desk.

If you have any questions about this Notice, please contact our **HIPAA Privacy Officer at (562) 985-8286** or by mail at California State University, Long Beach, PT@TheBeach, 1250 Bellflower Blvd., KIN-105, Long Beach, CA 90840.

Teaching Notice

PT@TheBeach is a teaching facility. All patient care is overseen and supervised by an attending physical therapist. Residents, fellows, students and graduate students of physical therapy schools may participate in examinations or treatment of patients as a part of the health care education programs of the institution. Each student or observer will abide by all privacy practices of PT@TheBeach and HIPAA rules and regulations.

Prior to observation, attending Physical Therapists must obtain each patient's consent (either verbally or in writing) to the presence of the Student or Observer and document such consent in the patients' health record.

Uses and Disclosures

In general, except for the purposes related to health care treatment, payment activities, mandated reporting, and health care operations, PT@TheBeach will not use or disclose your personal health information without your permission. There are some additional categories of uses or disclosures described below which do not require your written authorization.

The amount of health information used, disclosed, or requested is limited and when needed, it is restricted to the minimum necessary to accomplish the intended purposes as defined under the HIPAA rules.

For Treatment

We may use health information about you to provide you with physical therapy treatment or services. We may disclose health information about you to referring doctors, nurses, technicians, office staff, or other personnel who are involved in taking care of you and your health.

The people who work for our practice may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or



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parents with your consent. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

For Payment

We may use and disclose health information about you so that the treatment and services that you receive at this office may be billed to and payment may be collected from you, or a third party, such as your health insurer. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.

We may use your PHI to bill you directly for services and items. We may also disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

For Health Care Operations

We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. We may use your PHI to evaluate the quality of care you received from us or to conduct cost-management and fiscal planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

Appointment Reminders

We may contact you as a reminder that you have an appointment for treatment or follow-up care at PT@TheBeach.

Treatment Alternatives

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

To Avert a Serious Threat to Health or Safety

We may use and disclose 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.

Required By Law

We may disclose health information about you when required to do so by federal, state, or local law. This may be in response to a court order, subpoena, warrant, summons, or other law enforcement process, subject to all applicable legal requirements.

PT@TheBeach may also disclose medical information to authorized federal officials for intelligence, counterintelligence, or other national security activities, as well as to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

Family and Friends

We may disclose your health information to family members or friends if we obtain your verbal agreement or written authorization to do so. If family members or friends are present while care is being provided, PT@TheBeach will assume your companions may hear the discussion unless you state otherwise.

In situations where you are not capable of giving consent (due to your incapacity or medical emergency, etc.), we may determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement.

Public Health Risks



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We may disclose your health information for public health reasons in order to prevent or control disease, injury, or disability, as well as suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with products.

Patient Authorization

For most other purposes, PT@TheBeach will not access, use, or disclose protected health information without your specific written authorization. If you give us authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time.

Other types of protected health information have additional protection under federal or state laws (for example, HIV or substance abuse information). To the extent applicable, PT@TheBeach would not release that information without a signed authorization from you.

Your Rights

Your medical information is the property of PT@TheBeach. You have the following rights, however, regarding health information we maintain about you:

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you may submit a written request to our Director specifying how and/or where you wish to be contacted. You can choose to have your medical information discussed with a designated immediate family member, close friend, or relative. We will accommodate all reasonable requests.

Right to Request Restrictions

You may request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health operations. You also have the right to request a limit on the information we disclose to someone who is involved in your care or the payment for it, such as a family member or friend.

The request must be in writing and submitted to the Director. If we agree to your request, we will honor the restriction unless the information is needed for emergency treatment or to comply with the law. We are not legally required to agree to your request and we may end the restriction if we tell you. If we end the restriction, it will only affect health information that was created or received after we notify you.

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request and if you request a copy of the information, we may charge a reasonable fee for the costs of copying and/or mailing.

We may deny access under certain limited circumstances such as if we believe it may endanger you or someone else. You may ask that the denial be reviewed by a licensed health care professional. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

Right to Amend

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information.

To request an amendment, complete and submit a "Request for Amendment of My Protected Health Information" from our Director. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy, such as physical therapy notes or information compiled for civil, criminal, or administrative proceedings.
- d) Is determined by us to be accurate and complete.

If we deny your request, we will provide you a written explanation of why we didn't make the amendment and explain your rights.

Right to an Accounting of Disclosures

You may request a list of the disclosures made of medical information about you. Your written request may be submitted to the Director. It must state a time period, which may not be longer than three years. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with our Director. You will not be penalized for filing a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services or the California Office of Health Information Integrity at:

Health and Human Services

Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
(866) 627-7748

OCRComplaint@hhs.gov
CALOHI
(888) 549-8674
enforce@ohi.ca.gov

This notice is effective September 30, 2013.

As required by the privacy regulations per the Health Insurance Portability and Accountability Act of 1996 (HIPAA).