

**NOTICE OF PRIVACY PRACTICES FOR
Cumberland Orthopedic & Spine Physical Therapy**

Effective date: 1/1/2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

If you have any questions regarding this notice, you may contact our privacy officer at:

Privacy Officer
Cumberland Orthopedic & Spine Physical Therapy
6375 Mercury Drive, Suite 100
Mechanicsburg, PA 17050

Telephone: 717- 591-3000
Facsimile: 717-591-3003

YOUR PROTECTED HEALTH INFORMATION

Cumberland Orthopedic & Spine Physical Therapy is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Your protected health information is any information that relates to your past, present, or future physical or mental health condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or any information that can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

USES AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

Treatment, payment, and health care operations:

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operation purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

Treatment:

We may use and disclose your protected health information for our treatment purposes. Treatment includes the provision, coordination, and/or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- We may page you in the waiting room when it is time for you to come to the treatment area.
- We may contact you to provide you appointment reminders.
- We may contact your home or work and leave a message include patient name, date and time of appointment, and/or our practice name/phone number.
- We provide instruction and treatments in our exercise room with other patients and caregivers present.

Payment:

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you. For example, submission of a claim to your health insurer, contact health insurer to check eligibility, or providing bills to a family member or other designated party for payment of services rendered.

Health Care Operations:

We may use and disclose your protected health information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Health care fraud and abuse detection and compliance programs
- Quality assessment and improvement activities

Uses and Disclosure for Other Purposes

Individual involved in care or payment for care-such as spouse, a family member, or close friend. For example, if you have another person accompany you to an appointment, we may discuss medical care with that individual and they may need to have some knowledge of your insurance coverage.

Notification purposes-to notify a family member, a person responsible for your care, regarding your location or general condition.

Required by law or law enforcement purposes-when required by federal, state, or local law. For example, we may disclose protected health information in response to a court order or subpoena.

Business associates-certain functions of the practice performed by a business associate such as a durable medical equipment provider, an account firm, or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf. For example, we may share information with a durable medical equipment provider to acquire a prescribed piece of equipment.

Uses and Disclosures with Authorization

For all other purposes which do not fall under a category listed above, we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relayed on the authorization.

PATIENT PRIVACY RIGHTS

Further Restriction on Use or Disclosure

You have the right to request that we further restrict use and disclosure of your protected health information to carry out treatment, payment, or health care operations, to someone who is involved in your care or the payment for your care, or for notification purposes. We are not required to agree to a request for further restriction.

To request a further restriction, you must submit a written request to our privacy officer. The request must tell us: a) what information you want restricted; b) how you want the information restricted; and c) to whom you want the restriction to apply.

Confidential Communication

You have the right to request that we communicate your protected health information to you by certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell you how or where you want to be contacted.

Accounting of Disclosures

You have the right to obtain, upon request, an “accounting” of certain disclosures of your protected health information by us (or a business associate for us.) This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances, we may charge you for providing the accounting. To request an accounting, you must submit a writing request to our privacy officer. The request should designate the applicable time period.

Inspection and Copying

You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated record set. This right is subject to limitations, and we may impose a charge for the labor and supplies involved in providing copies.

To exercise your right to access, you must submit a written request to our privacy officer. The request must: a) describe the health information to which access is requested; b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy; c) include the mailing address, if applicable.

Right to Amendment

You have the right to request that we amend protected health information that we maintain about you in a designated record set if the information is incorrect or incomplete. The right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

Paper Copy of Privacy Notice

You have the right to receive a paper copy of our Notice of Privacy Practices. Please keep this copy if you want to exercise this right.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We further reserve the right to make any changes effective for all protected health information that we maintain at the time of the change including information that we created or received prior to the effective date of change.

We will post a copy of our current notice in the waiting room for the practice. Any questions may be directed to the privacy officer.

COMPLAINTS

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. We will not retaliate against you for filing a complaint.

LEGAL EFFECT OF THIS NOTICE

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.