**Notice of Privacy Practices &**

**Rights Granted to Individuals under HIPPA**

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Responsibilities: Optimal Form & Function, LLC is committed to maintaining the privacy and security of your protected health information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws. This Act gives your, the patient, significant rights to understand and control how your health information is used. We are dedicated to protecting your privacy and informing you of your rights regarding your health information, and as required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your medical records.

Uses and Disclosures of Health Information: We may use and disclose your health information for the following purposes:

1. Medical Emergency: We reserve the right to release your healthcare information based upon a decision by your physician for medical emergency situation and in general for continuity of care.

2. Appointment Reminders: We reserve the right to remind you of your next appointment and/or leave non-medical information on your answering machine.

3. Treatment: We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes sharing information with healthcare professionals involved in your care.

4. Payment: We may use and disclose your PHI to bill and collect payment for the services provided to you. This may involve sharing information with your health insurance company or a third-party payer.

5. Healthcare Operations: We may use and disclose your PHI for activities necessary to support the operations of our organization. This includes billing you

or a third party for our services, complying with State and Federal laws, conducting research, respond to lawsuits and legal actions, perform quality assessment reviews, training, compliance, administrative activities, and treating you.

6. Authorization: We may use and disclose your health information with your written authorization. You have the right to revoke your authorization at any time, except to the extent that we have already taken action based on your prior authorization.

7. Legal Requirements: We may use and disclose your health information when required by law, such as in response to a court order, subpoena, or other legal process.

Your Rights: As an individual, you have the following rights regarding your health information:

1. Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information. We are not required to comply with your request and we may decline your request if we reasonably believe that it would affect your care. If you pay for our services fully out-of-pocket you may ask that we not share that information with your health insurer.

2. Right to Receive Confidential Communications: You have the right to request how we communicate with you about your health information. We recommend using the patient portal as it is fully HIPAA compliant and you can setup your own personal user name and password. Please do not text confidential health information to (551) 246 -9340.

3. Right to Inspect and Copy Your Medical Records: You have the right to inspect and obtain a copy of your health information held by us. Please ask how to do this. The goal will be to provide you with a copy within 30 days of your request. You may also ask for your medical information to be sent to another person or entity. We may charge a reasonable fee for copying and mailing the requested information. You do not have the right to access information that does not directly relate to you.

4. Right to Amend: If you believe that your health information is incorrect or incomplete, you have the right to request an amendment. We may deny your request under certain circumstances, but you have the right to submit a statement of disagreement.

5. Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your health information we have made.

6. Right to a Copy of this Notice: You have the right to request and receive a paper copy of this Notice of Privacy Practices promptly.

7. Right to Choose Someone to act on Your Behalf: If you have given someone your medial power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will have to verify that person has that authority before we take any action.

8. Right to Request a List of Those with Whom we have Shared Information: You may request a list (called an accounting) of the times that we have shared your health information for the 6 years prior to the date of your request.

9. Informed Consent: I understand that I have the right to receive adequate information about my medical condition, proposed treatments, potential risks and benefits, and alternative options before providing my informed consent.

10. Right to Refuse Treatment: I understand that I have the right to refuse or discontinue treatment.

11. Respect & Dignity: I understand that I have the right to be treated with respect, dignity, and without discrimination based on race, ethnicity, religion, gender, sexual orientation, or other protected characteristics.

12. Communication & Information: I understand that I have the right to clear and understandable communication regarding my healthcare, including the ability to ask questions and receive information in a language I understand.

13. Complaints: If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the U.S. Department of Health and Human Services. We would rather you speak with us before taking such an action so we can clarify the situation and resolve any issues. Our Chief Privacy Officer is: Michael Formisano, PT, DPT, OCS.

 Submit a complaint by mail:

 U.S. Dept. of Health and Human Services

 Office for Civil Rights

 200 Independence Ave, S.W.

Washington, D.C. 20201

 Submit a complaint by phone:

 (877) 696 – 6675

 Submit a complaint online:

 [www.hhs.gov](http://www.hhs.gov)

 We will not retaliated against your for filing a complaint.

For more information please visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**Signature of Patient or Legal Guardian:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ /\_\_\_ /\_\_\_\_\_

**Print Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_