

## Notice of HIPAA Privacy Practices

**Effective Date: January 1, 2022**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice describes the privacy practices of **ONSITE PHYSICAL THERAPY SERVICES OF HERSHEY, LLC** (“Onsite”) with respect to your protected health information (“PHI”). We may share your health information for purposes of your treatment, payment for your care or general healthcare operations as described in this Notice.

**YOUR HEALTH INFORMATION RIGHTS:** You have the right (1) to inspect and obtain a copy of your health information, (2) to obtain an account of certain disclosures of your health information, (3) to request communications of your health information by alternative means or to alternative locations, (4) to request that we amend your health information if you feel it is incorrect, and (5) to a paper copy of this Notice. We may deny these requests only in very limited circumstances in accordance with applicable laws. All requests for any of the above items must be made in writing to our Privacy Officer at the address listed at the end of this Notice.

**OUR RESPONSIBILITIES:** We are required by law to maintain the privacy of your health information and to provide you with this Notice describing our legal duties, privacy practices, and your rights with respect to the health information we collect, create and maintain about you. We are required to notify you if any of your PHI is improperly used or disclosed. We will not use or disclose your health information without your authorization except as described in this Notice.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** We are permitted or required to use your health information for various purposes. We cannot describe every possible use or disclosure of your health information in this Notice. However, uses or disclosures that we are permitted or required to make will generally fall within one of the following categories:

**TREATMENT:** We may use and disclose your PHI to provide, coordinate or manage health care and related services by one or more providers of health care or healthcare-related products or

services. An example would be disclosing health information for appropriate dietary support, X-rays or other health care services.

**PAYMENT:** We may use and disclose your PHI for billing and collection activities. An example would be including PHI with the information on your invoice.

**HEALTHCARE OPERATIONS:** We may use and disclose your PHI, as necessary, for our healthcare operations. An example would be for training purposes.

**APPOINTMENT REMINDERS:** We may use and disclose health information when scheduling appointments for your treatment and to remind you about those appointments

**BUSINESS ASSOCIATES:** There may be some services provided through our business associates. An example includes billing services. To protect your health information, however, we require the business associate to agree in writing to appropriately safeguard your information as legally required.

**AS REQUIRED BY LAW:** We must disclose protected health information about you when required to do so by federal, state or local law; worker's compensation laws; public health activities; law enforcement activities; veterans affairs; coroner or funeral director matters; as a result of a court order, warrant or similar process. If you are involved in a lawsuit or a dispute, we may disclose health information about you pursuant to a subpoena, a discovery request, or any other lawful request by someone else involved in the dispute. This will be done only after we inform you of such an action.

**LIMITED DATA SETS:** We may use or disclose certain de-identified information about you for research, public health or healthcare operations if the recipient of that information agrees to protect the information as legally required.

**STATE LAW RESTRICTIONS:** Certain types of health information are subject to state law protections that are more stringent than those described above, and in such case, we will follow all legal requirements.

**OTHER USES OF HEALTH INFORMATION:** Uses and disclosures of health information that do not fall within the categories listed above will be made only with your written authorization. For example, we must obtain prior written authorization from you if using or disclosing information for marketing purposes, if applicable.

If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. However, we are unable to reverse any disclosures we have already made with your authorization.

**CHANGES TO THIS NOTICE:** We reserve the right to change this Notice in the future. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Updated notices will be available upon request and we will post a copy of the current Notice on our website at [www.optsh.square.site](http://www.optsh.square.site).

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint without penalty of any kind to:

US Department of Health and Human Services  
Office of Civil Rights  
200 Independence Ave. SW  
Washington, DC 20201  
202-619-0257  
877-696-6775 (toll-free)

**QUESTIONS OR CONCERNS:** If you have any questions or concerns regarding the above Notice or our privacy practices, please contact us by telephone or mail at:

Privacy Officer  
Onsite Physical Therapy Services of Hershey, LLC  
254 Maple Avenue  
Hershey, PA 17033  
203-788-0582