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SHINE PHYSICAL THERAPY & WELLNESS PLLC

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives you, the patient, significant rights to understand and control how your health information is used. HIPAA enforces penalties for medical professionals and businesses that misuse Protected Health Information (PHI).

This Notice of Privacy Practices describes how your PHI may be used to carry out treatment and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI, which includes any information that may identify you and relates to your medical diagnosis, plan of care, treatment, payment, etc.

YOUR RIGHTS:

- You have the right to request an electronic or paper copy of your record. This may take up to 30 days. A reasonable fee may be imposed.
- You may ask to correct your medical record. The answer may be "no" in which case you will be provided with a written explanation within 60 days.
- By signing this notice you are agreeing to communication via email for appointment reminders. This will be done through the Jane App which is a HIPAA compliant and encrypted platform. You have the right to request an alternate and reasonable form of communication.
- You can request that certain health information is not shared for the purpose of treatment, payment, or operations. Understand that a medical provider is required by law to share certain information if it affects your safety, health, or medical treatment, and reserves the right to say "no" to your request.
- You may request a list of the times your health information was shared in the past six years, why your information was shared, and with who.
- You have the right to appoint medical power of attorney, who can make choices about your health information.
- You can ask for a paper copy of these rights, even if you have agreed to read and sign them here electronically. You may also download a PDF version online at tetonvalleyshinept.com under the physical therapy tab.
- You have the right to file a complaint if you feel your rights have been violated. You may send complaints to: The US Dept of Health and Human Services for Civil Rights 200 Independence Ave., S.W., Washington, D.C., 20201. Or call 877-696-6775. Or visit www.hhs.gov/ocr/privacy/hipaa/complaints/. Retaliation by a medical provider for doing so is not acceptable.



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NOTICE OF PRIVACY PRACTICES (CONT.)

YOUR CHOICES:

- Your information will NEVER be shared for marketing purposes on the internet or social media unless you provide written consent.

USES AND DISCLOSURES:

- For treatment: your health information may be used to coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure they have the necessary information to diagnose and/or treat you.
- For payment: your PHI will be used, as needed, to obtain payment for health care services. For example, information may be discussed with your insurance provider.
- For health care operations: PHI may be disclosed, as necessary, to contact you to remind you of your appointment or to send a home exercise program electronically. This will happen via email on a secure and encrypted platform unless you request another reasonable method for doing so. Phone calls, voice messaging, and text will only occur should you provide verbal consent, or by consenting electronically through the Jane App.
- Other: your health information will be shared when required by law.

RESPONSIBILITIES OF SHINE PHYSICAL THERAPY & WELLNESS PLLC:

It is the responsibility of Shine Physical Therapy & Wellness PLLC to maintain the privacy and security of your PHI, to notify you of a breach in confidentiality should it occur, to follow the practices described in this notice and make a copy available to you, to provide you with a new notice should this notice change, and to not use or share your information other than as described here unless you provide written consent.

EFFECTIVE DATE:

December 3rd, 2024