

Gabrielle Czaja, PT Inc.
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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it fully. If you have any questions about this notice please contact the Privacy Contact for the practice.

We understand that medical information about you and your health is personal and we are committed to maintaining confidentiality of your medical information. We create and maintain a record of care and services that you receive at our practice. We need this record to treat you and comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice, made by your physical therapist, or by other personnel within our practice.

This notice advises you about the ways in which we may use and disclose information about you. It also describes your rights to access and control your medical information. We are required by law to:

- Make sure that medical information that identifies you is private
- Provide you with this notice of our legal duty and privacy practices with respect to medical information about you
- Follow the terms as described in the notice

We may change the terms of this notice at any time. The new notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with any revised NOTICE OF PRIVACY PRACTICES. You may obtain a copy by calling our office and requesting a revised copy be sent to you in the mail, by asking for a copy at the time of your next office visit, or accessing our website at www.dchealthandhealing.com.

Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, physical therapists, or other practice personnel who are involved with your physical therapy treatment.

Payment: We may disclose medical/physical therapy information about you and the services that we provide to you at our practice, or at any other site to your health insurance or third party payer. We may also advise your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover treatment.

Health Care Operations: We may use and disclose medical/physical therapy information about you for our practice operations. These uses and disclosures are necessary to operate our practice and make sure that all our patients receive quality care. For example, we may use medical/physical therapy information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Appointment Reminders: We may use and disclose medical information in connection with our effort to remind you that you have an appointment.

Treatment Alternatives: We may use and disclose medical information about you to recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved In Your Care: We may release medical information about you to a friend or family member who is involved in your care. For example, when we need to instruct a family member or caretaker to assist with your exercises, bandaging, et cetera. We may also give information to someone who helps pay for your care. We may also disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

Emergencies: We may also disclose your medical information in an emergency situation. If this happens, your practitioner shall try to obtain your consent as soon as reasonably possible.

Required by Law, Legal Proceedings, Health Oversight Activities, and Law Enforcement: We will disclose your health information when we are required to do so by federal, state, and other law. For example, we may be required to report victims of abuse, neglect, or domestic violence. We will disclose your health information when order in a legal or administrative proceeding, such as a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose health information to a law enforcement official to identify or locate suspects, fugitives, witnesses, victims of crime, or missing persons. We may disclose health information to a law enforcement official about a death we believe may be the result of criminal conduct, or about criminal conduct that may have occurred at our facility. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

Public Health: We may disclose medical information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

To Avert a Serious Threat to Health and Safety: We may use medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, protection of the President, or other authorized persons or foreign heads of state, for the purpose of determining your own security clearance and other national security activities as authorized by law.

YOUR RIGHTS REGARDING INDIVIDUAL INFORMATION ABOUT YOU

You have the following rights regarding medical information about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. These include such things as your billing records and any other records that your doctor and the practice use for making decisions about your care. We may deny your request to inspect a copy in certain limited circumstances. Under federal law, you may not inspect or copy (1) psychotherapy notes; (2) information compiled in reasonable anticipation or, or use in, a civil, criminal, or administrative action or proceeding; (3) medical information that is subject to law that prohibits access to medical information. If you are denied access you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. We will comply with the outcome of the review. You do not have the right to take your medical information out of our office. The records are our property; the information within those records is ultimately controlled by you.

Right to Amend: If you feel the medical information we have is incorrect or incomplete you have the right to request an amendment for as long as the information is maintained in our office. Your request must be made in writing to our Privacy Contact and you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or a reason is not included. In addition we may deny your request to amend information that:

- Was not created by this office
- Is not part of the information that you are permitted to inspect and copy
- Is accurate and complete

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in an alternative way or at an alternative location. For example, you can ask that we only contact you at work or by mail. We will accommodate reasonable requests and we will not request an explanation for your request. Please make this request in writing to the office.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment or payment. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care. Your request must be made in writing to our office and you must tell us (1) what information you want to limit; (2) whether you want to limit our use or disclosure or both; (3) to whom you want the limits to apply.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice, even if you receive it electronically. You may ask us to provide you with a copy of this notice, in either hard-copy or electronic format, at any time.

COMPLAINTS

You have the right to file a formal written complaint with the practice or with the Department of Health & Human Services, in the event you feel your privacy rights have been violated. FOR MORE INFORMATION ABOUT HIPAA OR TO FILE A COMPLAINT:

The U.S. Department of Health & Human Services, Office of Civil Rights
200 Independence Avenue SW, Washington DC 20210
1-877-696-6775 (toll free)

With my consent, Gabrielle Czaja, PT Inc. may use and disclose my protected health information about me to carry out treatment, payment and health care operations. I acknowledge that I

Name _____ Signature _____ Date _____