

Inspire Physical Therapy LLC 9766 Fallon Ave NE #104 Monticello, MN 55362

NOTICE OF PRIVACY PRACTICES

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

1. **OUR PLEDGE REGARDING HEALTH INFORMATION:** Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.
2. **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION ABOUT YOU:** The following categories describe different ways that we may use and disclose health information.
 - a. **For treatment:** We use health information about you to provide care, treatment or services. We may disclose health information about you to therapists, doctors, nurses, technicians, health students or other personnel who are involved in your care. They may work at our offices, the hospital or another provider's office.
 - b. **For Payment:** We may use and disclose health information so that the treatment or services we provide may be billed and payment collected from you, an insurance company or third party. We may also tell your health plan about a treatment you receive to obtain prior authorization or to determine coverage for the service.
 - c. **For Health Care Operations:** We may use or disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our treatments and services to evaluate the performance of our staff in caring for you. We may remove information that identifies you from this set of health information, so others may use it to study health care delivery

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES:

1. The public health authorities and health oversight agencies that are authorized to collect information
2. Lawsuits and similar proceedings in response to a court or administrative order
3. If required to do so by a law enforcement agency or officer.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent that threat.
5. If you are a member of the US or foreign military services (including veterans) and if required by authorized authority.
6. To federal officials for intelligence or national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are in an inmate or under the custody of a law enforcement official.
8. For Worker's Compensation or similar programs.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can request we communicate with you about your health and related issues in a particular manner at a certain location. For instance, you may ask that we contact you at home, rather than work. We accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to requires that we restrict our disclosure of your health information to only certain individuals involved in your care, such as family or friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in an emergency, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing.
4. You may ask to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by or for our practice. You must submit your request in writing.
5. You have a right to a copy of this notice. You are entitled to receive a copy of this Notice Of Privacy Practices. You may ask us to give you a copy at any time.
6. You have a right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. Please file the complaint in writing. You will not be penalized for filing a complaint.
7. You have the right to provide an authorization for other uses or disclosures. We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

EFFECTIVE DATE OF THIS NOTICE 4/1/2022