

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) became law (Public Law 104-191). HIPAA was enacted by Congress as an attempt at incremental healthcare reform.

HIPAA has four main goals: (1) insure manageability of healthcare insurance; (2) encourage medical savings accounts; (3) curtail fraud and abuse; and (4) simplify healthcare administration.

This new law contains a section entitled “Administrative Simplification,” and it is this Section of the law that is the focus of this paper. More specifically, it is the intent of this paper to advise you, the patient, of your right of privacy of health care information.

Specific to this new federal mandate is the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans and employers by the Department of Health and Human Services. The Department also seeks to address the security and privacy of health data. The end result of these new federal mandates is to help insure a more efficient and effective national health care system by encouraging the widespread use of electronic data interchange in health care.

Edger Therapy, P.A., is in the business of conducting healthcare as a registered, private physical therapy practice. These services are rendered by a state registered healthcare professional who has successfully passed those requirements and provisions toward the licensure and active practice of physical therapy, as stipulated by the Maryland State Board of Physical Therapy Examiners.

A current medical license is necessary in order for this healthcare provider to remain compliant with the State’s requirements for active practice. Ongoing Continuing Educational Units are likewise mandated by the State of Maryland in order to keep this license current.

As a consequence of delivering this service of physical therapy to you, the patient, a bill for services rendered is generated. It is the practice of Edger Therapy, P.A., to accept an individual’s private medical insurance toward payment of this bill. Generally, the insurance carrier’s reimbursement of the bill does not cover the entire billed amount. The patient is typically responsible for a prescribed copayment, as outlined by the provisions of their individual insurance carrier’s policies.

Edger Therapy, P.A., utilizes a national electronic healthcare clearinghouse in order to conduct the business of electronic billing transactions for services rendered. This clearinghouse is considered a “covered entity” as defined in the Administrative

Simplification's regulations; and, as such, is subject to those standards, as set forth by the Secretary of Health and Human Services which serve to protect the privacy and confidentiality relating to the transmission of health information. This billing information is therefore safeguarded under this clearinghouse.

NOTICE OF PRIVACY PRACTICES

It is the responsibility of this office to inform our patients as to how your confidential health information is protected.

The most significant variable which emphasizes the federal government's need to legally enforce the privacy of health information is the incredible evolution of computer technology and its use in healthcare. The government has therefore sought to standardize and protect the privacy of the electronic exchange of your health information.

This standardization has challenged healthcare providers and related offices to review not only how your health information is used within our computers, but also with the internet, phone, faxes, copy machines and charts. It is our belief that this mandated review has provided an important exercise for our office because it has disciplined us to put in writing the policies and procedures we use to insure the protection of your health information everywhere it is used.

It is important for you to understand these policies and procedures which are developed to help insure that your personal health information will not be shared with anyone who does not require it. Our office is subject to state and federal laws which demand that we safeguard the confidentiality of your health information.

This office will use and communicate your health information only for the purposes of providing you treatment, obtaining payment for services and conducting healthcare operations. Your health information will not be used for other purposes unless we have requested this permission and have voluntarily been given your written consent.

HOW YOUR HEALTH INFORMATION MAY BE USED TO PROVIDE TREATMENT

This office will use your health information within the office to provide you with the most effective physical therapy services. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of medical care. In addition, this office may share your health information with your referring physician, clinical laboratories, pharmacies or other healthcare personnel providing you treatment.

In the event that patient care is being delivered under the authorizations of a Workman's Compensation program, the health information will be forwarded to the assigned case worker insofar as additional certification and progress summaries are required and toward payment of our bill.

In the event that patient care is being delivered as a result of a motor vehicle accident or other legal trauma, the health information will be forwarded to that legal counsel representing said patient, as well as other legal counsels and officers of the court who are involved in the litigation process, for the purposes of providing supportive documentation on behalf of said patient, toward this office's compliance with the litigation process and for the purpose of obtaining payment for physical therapy services rendered.

TO OBTAIN PAYMENT

This office may include your health information with an invoice used to collect payment for physical therapy services rendered in our office. We will include your health information on insurance forms which are filed in the mail or transmitted electronically on your behalf. In this regard, this office will only direct our business with companies who share a similar commitment to the security of your health information.

TO CONDUCT HEALTH CARE OPERATIONS

It is possible that health information will be disclosed during audits by insurance companies or government-appointed agencies, as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

IN PATIENT REMINDERS

Because of the need for regularly-scheduled medical appointments, this office will remind you of a scheduled appointment or that it is time for you to contact the office in order to schedule an appointment. Additionally, this office may contact you in an effort to follow up on your care and to inform you of treatment options or services that may be of interest to you or your family.

These communications represent an important part of a philosophy of partnership with our patients in order to insure that the most effective medical care is being provided. These communications may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as email (unless you have previously informed this office that you do not wish to receive these reminders).

ABUSE OR NEGLECT

This office will notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. This office will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

PUBLIC HEALTH AND NATIONAL SECURITY

We may be required to disclose to federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could provide a vital link in terms of public safety when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug, medical treatment or medical device.

FOR LAW ENFORCEMENT

As permitted or required by state or federal law, this office may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

FAMILY, FRIENDS AND CAREGIVERS

We may share your health information with those individuals who you have assigned to assist you with your home exercise program, treatment, medications or payment. This office will always receive your permission initially. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information and only when it will be important to those participating in providing your care.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above or where federal, state or local law requires us, this office will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

PATIENT RIGHTS

This new law is specific in its description of your patient rights, as applicable to your health information.

RESTRICTIONS

You have the right to request restrictions on certain uses and disclosures of your health information. This office will make every effort to honor reasonable restriction preferences from our patients.

CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you in a precise manner. You may request that we only communicate your health information privately with the exclusion of other family members present or through mailed communications which are sealed. We will make every effort to honor your reasonable requests for confidential communications.

INSPECT AND COPY YOUR HEALTH INFORMATION

You have the right to read, review and copy your health information, including your complete medical chart and billing records. If you wish to request a copy of your health information, please allow this office ample notification. We may need to charge you a reasonable fee for duplication and assemblage of your requested copies.

AMEND YOUR HEALTH INFORMATION

You have the right to request of this office an update or modification of your medical records, if you believe that your health information records are incorrect or incomplete. This office shall be happy to accommodate your requests as long as our office maintains that particular information. In order to standardize our process, please provide this office with your request in writing and with your description of your reason(s) for the proposed change(s).

Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate and complete.

DOCUMENTATION OF HEALTH INFORMATION

You have the right to inquire of this office a description of how and where your health information was used if for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003, and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

REQUEST A PAPER COPY OF THIS NOTICE

You have the right to obtain a copy of this Notice of Privacy Practices directly from this office at any time. Stop by or give this office a call and we will mail or email a copy to you.

This office is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices.

This office is required to practice the policies and procedures described in this Notice, but the office does reserve the right to change the terms of this Notice. If this office changes our privacy practices, we will be sure that all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe that your privacy rights have been compromised. This office encourages you to express any concerns you may have regarding the privacy of your information. Please let this office know of your concerns or complaints in writing.

Thank you.

PATIENT ACKNOWLEDGMENT

*Patient
Name(s):*

Thank you for your time in reviewing the policies and procedures of this Notice of Privacy Practices. If you have any questions, we want to hear from you. If you do not have any questions or concerns regarding this Notice, this office would appreciate your acknowledging your receipt of our policy by affixing your signature and date to this form and returning the form to our office.

This office looks forward to the opportunity of participating in your medical needs.

Patient Signature

Date

- Please have the office call me to schedule an appointment. I can be reached on _____*
- I am not ready to schedule my appointment now. Please contact me in _____ days/weeks/months.*
- Please remove my name from your active patient files.*