

# **Privacy Policy/HIPPA**

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This Privacy Notice describes our practices for safeguarding personal information about the individuals who are referred to our clinic for physical therapy.

### **Protecting Your Privacy**

We take great care to properly handle information about you. This Notice, which is required by law, describes how we handle personal information and our commitment to protecting your privacy.

# WE SAFEGUARD THE INFORMATION WE COLLECT ABOUT YOU

We follow strict security standards and procedures to help prevent unauthorized access to person information. Only properly authorized employees may access information we collect from or about you. We regularly test our technology and employ procedures to protect the confidentiality of information about you. We apply rigorous standards for protecting personal information to all our interactions with you.

### **How We Collect Information**

We may collect information about you from the following sources:

- Information we obtain from new patient information forms. You may provide information such as your name, address, social security number, insurance coverage information and health history.
- Information we obtain from 3rd parties. This type of information may include such things medical reports from referring physicians, insurance verification and similar information.
- Information we obtain through participation and experience. We obtain medical history, payment records and insurance claims information.

# **How We Share Information**

We may share the information we collect about you, and former patients with our affiliates (as described in "Our Affiliates" section of this Privacy Notice) for several purposes including:

- to assist us in providing quality physical therapy care
- to help us develop or improve patient/therapist techniques
- to obtain 3rd party insurance payments on your behalf

# **Third Parties**

With third parties we may disclose the information we collect about you, and former patients, in response to the information your physicians or specialists needs regarding your care, to a subpoena, to prevent fraud, to comply with an inquiry from insurance.

We may also disclose information we collect about you, and former patients, as follows:

- to a physician or specialist on your behalf
- to third party service providers that perform services for us in the processing or servicing of your insurance claims, or to their parties that perform other services on our behalf.
- to third parties with your consent or at your direction or otherwise permitted by law.

## **Medical Information**

We do not share medical information with affiliates or with third parties for any purpose other than for providing and servicing your insurance and facilitate your medical care, as allowed by the relevant laws protecting your privacy, or in circumstances where you consent.

# **Accuracy of Information**

We strive to keep our records accurate and will make appropriate corrections when you notify us. Please let us know if there is incorrect information in any statement or other communications that you receive from us.

### **Our Affiliates**

Insurance carriers, primary care physicians, specialist physicians, and attorneys.

## **Additional Information**

If you have question about our Privacy Notice, please write to our Privacy Officer at: 2170 Ironwood Center Drive
Coeur D'Alene, ID 83814
The term "third party" refers to anyone that is not an affiliate of Lake City Physical Therapy.
We may modify our privacy practices occasionally. If we do so, we will communicate any changes to you as required by law. If a State's privacy requirements are more restrictive than those stated in this Privacy Notice, we will meet all applicable state requirements with regard to the protection of your personal information.

Signature	Date