



1100 Main St\*Po Box 1064\*Dayton, WY 82836  
Phone (307)655-2509 Fax (307)655-2275

**Notice of Privacy Practices**  
**Effective Date of this Notice: August 1, 2011**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY. THANK YOU.**

Active Balance Physical Therapy, LLC is required by law to maintain the privacy of your health information and provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about the privacy practices at Active Balance Physical Therapy, LLC please contact : Lisa Stutzman P.T., at 307-655-2509.

**I. How Active Balance Physical Therapy, LLC may use or disclose your health information:**

Active Balance Physical Therapy, LLC collects health information from you and stores it in a chart and /or computer. This is your medical record. The medical record is the property of Active Balance Physical Therapy, LLC and the information in the medical record belongs to you. Active Balance Physical Therapy, LLC protects the privacy of your health information. The law permits Active Balance Physical Therapy, LLC to use or disclose your health information for the following purposes:

1. **Treatment.** We use and disclose protected health information to provide treatment and other services to you; for example: to diagnose and treat your illness. We may contact you to provide appointment reminders. We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose protected health information to other providers involved in you treatment; an example being a referral to a specialist for further care and follow-up.
2. **Payment.** We may use and disclose protected health information to obtain payment for services that we provide to you; for example: some disclosure is necessary to process your health insurance claim and receive payment from your insurance carrier, HMO, or other provider. There are times when we must contact your health insurance carrier for pre-authorization for a treatment or to inquire if a certain treatment is covered under your insurance plan. Your insurance provider ("your Payer") arranges or pays the cost of some or all of your health care. Other times we will need to verify if your payer will pay for your health care. You should be aware that if you are not the insurance policy holder, certain information may be disclosed to the policy holder by the insurance carrier.
3. **Regular Health Care Operations.** We may use and disclose protected health information for our health care operations which include internal administration and planning as well as various activities that improve the quality and cost effectiveness of the care we deliver. For example: we may use protected health information to evaluate the quality and competence of our physical therapist and other health care workers. We may disclose protected health information to our office manager in order to resolve any complaints you may have and ensure you have a positive experience with us.
4. **Notification and communication with family and close friends.** We may use or disclose your protected health information to notify a family member, other relatives, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. We may disclose your health information to notify or assist in notifying or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object,

our health professionals will use their best judgment in communication with your family and others.

5. **Required by law.** As required by law, we may use and disclose your health information.
6. **Public Health.** As required by law we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with product and reactions to medications; and reporting disease or infection exposure.
7. **Health oversight activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceeding.
8. **Judicial and administrative proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
9. **Law enforcement.** We may disclose your health information to a law enforcement officer for purposes such as identifying or locating a suspect; fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. **Deceased person information.** We may disclose your health information to coroners, medical examiners and funeral directors.
11. **Organ donation.** We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.
12. **Research.** We may disclose your health information to researcher's conducting research that has been approved by an Institutional Review Board.
13. **Public safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or general public.
14. **Specialized government functions.** We may disclose your health information for military, national security, prisoner and government benefits (health plan) purposes.
15. **Worker's compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.
16. **Marketing.** We may contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.
17. **Change of ownership.** In the event that Active Balance Physical Therapy, LLC is sold or merged with another organization, your health information/record will become the property of the new owner.

**II. Active Balance Physical Therapy, LLC may NOT use or disclose your health information when:**

Except as described in the Notice of Privacy Practices, Active Balance Physical Therapy, LLC will not use or disclose your health information without your written authorization. If you do authorize Active Balance Physical Therapy, LLC to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

**III. Your Health Information Rights Effective Date of the Notice is: August 1, 2011**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Active Balance Physical Therapy, LLC is not required to agree to the restriction that you request.
2. You have the right to receive your health information by written request or through a reasonable alternative means or at an alternative location.
3. You have the right to inspect and copy your health information.
4. You have a right to request Active Balance Physical Therapy, LLC to amend your health information that is incorrect or incomplete. Active Balance Physical Therapy, LLC is not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Active Balance Physical Therapy, LLC, except Active Balance Physical Therapy, LLC does not have to account for the disclosures described in treatment, payment, healthcare



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operation, information provided to you, and certain government functions that are listed in section one of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights please contact: Active Balance Physical Therapy, LLC at (307) 655-2509.

#### IV. Changes to this Notice of Privacy Practices

Active Balance Physical Therapy, LLC reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Active Balance Physical Therapy, LLC is required by law to comply with this notice.

#### V. Complaints

Complaints about this Notice of Privacy Practices or how Active Balance Physical Therapy, LLC handles your health information should be directed to: Lisa Stutzman PT, at PO Box 1064, Dayton, WY 82836.

If you are not satisfied with the manner in which the office handles your complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Building  
200 Independence Avenue South West  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional offices for Civil Rights. A list of these offices can be found at: <http://www.hhs.gov/ocr/regmail.html>