**NOTICE OF PRIVACY PRACTICES**

Harmony Physical Therapy and Wellness

5924 Stoneridge Dr #206

Pleasanton, Ca 94582

(925) 338-9297

***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 CAREFULLY.***

This notice of privacy practices (NPP) describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for purposes that are permitted or required by law. It also describes your rights to access and control your protected health information (PHI). Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information**

We may use your protected health information with Harmony Physical Therapy and Wellness and disclose your protected health information to persons and entities outside of Harmony Physical Therapy and Wellness for the purpose of providing health care services to you, to pay your health care bills, to support the operation of Harmony Physical Therapy and Wellness , and any other use required by law . Other uses and disclosures not described in this NPP will only be made with authorization.

**Treatment**

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment**

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for healthcare services we recommend. For example, to make a determination of eligibility or coverage for insurance benefits, review services provided to you for medical necessitiy and undertake utilization review activities. However, you have a right to request a restriction on certain disclosures to your health plan if it’s purely for carrying out payment or healthcare operations and the requested restriction if for services paid out-of-pocket.

**Healthcare Operations**

We may use or disclose your PHI to support the business activities of Harmony Physical Therapy and Wellness. For example, we may call your name in the waiting room or during a group class. We may also contact you in regards to appointment set-up and reminders. Another example, we may use your medical information to review our treatment and services, and to decide if additional services are needed and whether certain new treatments are effective. We may contact you to give you information regarding products and services related to your treatment. Your authorization will be obtained prior to using or disclosing PHI for marketing purposes or sale of PHI.

**Individual Rights**

You have certain rights under the federal privacy standards:

* The right to inspect and copy your PHI
* The right to request a restriction on the use and disclosure of your PHI
* The right to amend or submit corrections to your PHI
* The right to receive confidential communications concerning your medical condition and treatments
* The right to receive and accounting of how and to whom your PHI has been disclosed
* The right to receive a paper or electronic copy of this notice

**Special situations that do NOT require your permission**

We may be required by law to report suspected abuse or neglect, vital statistics, diseases, and similar information to public health authorities. We may be required to disclose PHI for audits and investigations, and to comply with subpoenas and court orders, as required by law enforcement officials. We may release information about you to protect your health or the health of others or for legitimate government needs, for approved medical research, or to certain entities in the case of death. Your PHI may also be shared if you are an inmate or under custody of the law which is necessary for your health or the health and safety of other individuals.

We may disclose your health information to notify 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, we will use our best judgment in communication with your family and others.

**Our Legal Duty**

 Harmony Physical Therapy and Wellness is required by law to protect and maintain the privacy of your PHI, to provide this privacy notice and abide by terms of the notice currently in effect. We are required to notify affected individuals of a breach of their unsecured PHI. We reserve the right to modify our privacy practices and policies and, upon request, we will provide you with the revised notice at your next office visit as well as post it on our website at [www.harmonyptwellness.com](http://www.harmonyptwellness.com).

**Contact**

If you have any questions, requests, or complaints please contact:

Harmony Physical Therapy and Wellness Attn: Sharmila Acharya (Compliance Officer) 5924 Stoneridge Dr #206 Pleasanton, Ca 94588 Phone (925) 338-9297 Fax (800) 330-6480

*Effective date: January 1, 2015*