



## Notice of Privacy Practices

Body Dynamics, Inc (BDI)

We are required to comply with federal health information privacy regulations by maintaining the privacy of your Protected Health Information. These rules require us to provide you with our Notice of Privacy Practices. You may view the most recent version of our Notice of Privacy Practices at [www.bodydynamicsinc.com](http://www.bodydynamicsinc.com), or a hard copy is available on-site at our clinic. When you come in for your appointment, we will ask you to confirm that you have been notified of our privacy practices prior to your first treatment.

We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you next seek treatment from us.

The next seven (7) sections represent our Notice of Privacy Practices at Body Dynamics, Inc. 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. If you have any questions about this Notice, please contact our Privacy Contact, Kasey Payne.

### 1. Uses and Disclosures of Protected Health Information.

BDI will use or disclose your protected health information (PHI) as described in this section. Your PHI may be used and disclosed by BDI, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of BDI. Following are examples of the types of uses and disclosures your PHI that BDI is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosure that may be made by our office.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This may include doctors, nurses, technicians, other physical therapists, or other providers who have referred you for services or are involved in your care. For example, we may feel that a patient we are treating for chronic low back pain would benefit from an evaluation by a pain specialist to address pharmacological pain management. The health information we share with the pain specialist would be considered a treatment related disclosure.

**Payment:** Your PHI may be used, as needed, to obtain payment for your health care services. This may include the disclosure of health information to your insurance company, for certain activities before it approves or pays for the health care services recommended, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We may use or disclose your information so that a bill may be sent to you, your health insurer, or a family member. The information on or accompanying the bill may include information that identifies you and your diagnosis, as well as services rendered, any procedures performed, and supplies used. Also, we may provide health information to another health care provider to assist in their billing and collection efforts.

**Health Care Operations:** We may use or disclose, as-needed, your PHI in order to support the business activities of BDI. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, and conducting or arranging for other business activities.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may use your name and PHI for patient flow tracking in the office. We may use or disclose your PHI, as necessary, to

contact you to remind you of an appointment. You may request that we provide such reminder calls only in a certain way or only at a certain place and we will endeavor to accommodate all reasonable requests.

Clinical students: BDI serves as a clinical training site for students in health care programs. Students may observe or participate in your treatment or use your health information to assist in their training. You have the right to refuse to be examined, observed, or treated by students.

Business Associates: We will share your PHI with third party business associates that perform various activities such as billing and transcription.

## 2. Other Uses and Disclosures:

A. Treatment Options. BDI may use and disclose your health information in order to inform you of alternative treatments.

B. Release to Family/Friends. BDI staff, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

C. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. In face-to-face communications, such as appointments with your therapists, we may tell you about other products and services that may be of interest to you.

D. Newsletters and Other Communications. We may use your personal information in order to communicate to you via newsletters (electronic and paper), mailings (including e-mail), or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

E. Fundraising and Charitable Activities. BDI may use your PHI to inform you of our charitable activities. If you do not wish to receive information on our charitable activities or fundraising, please notify us in writing and we will cease sending fundraising communications to you.

F. Disaster Relief. We may disclose your health information in disaster relief situations where disaster relief organizations seek your health information to coordinate your care, or notify family and friends of your location and condition. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

G. Marketing. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.

## 3. Uses and Disclosures Required by Law:

The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: we may share some of your PHI with a family member or friend involved in your care if you do not object, we may use your PHI in an emergency situation when you may not be able to express yourself, and we may use or disclose your PHI for research purposes if you are provided with very specific assurances that your privacy will be protected. We may also disclose your PHI when we are required to do so by law, for example by court order or subpoena. Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions.

We may use and disclose health information about you to avert a serious threat to your health or safety or the health or safety of the public or others. If you are in the Armed Forces, we may release health information about you when it is determined to be necessary by the appropriate military command authorities. We may also release information about you for workers' compensation or other similar

programs that provide benefits for work-related injury or illness.

Your authorization is required before your PHI may be used or disclosed by us for other purposes.

#### 4. Your Privacy Rights.

A. Right to Obtain a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

B. Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information, you must submit a written request to our privacy officer. We will supply you with a form for such a request. If you request a copy of your medical information, we may charge a reasonable fee for the costs of labor, postage, and supplies associated with your request. We may not charge you a fee if you require your medical information for a claim for benefits under the Social Security Act (such as claims for Social Security, Supplemental Security Income or any other state or federal needs-based benefit program).

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed healthcare professional who was not directly involved in the denial of your request will conduct the review. We will comply with the outcome of the review.

If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost based fee limited to the labor costs associated with transmitting the electronic health record.

C. Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we retain the information. To request an amendment, your request must be made in writing and submitted to our privacy officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; b) is not part of the medical information kept by or for Body Dynamics, Inc; c) is not part of the information which you would be permitted to inspect and copy; d) or is already deemed accurate and complete.

If we deny your request for amendment, you may submit a statement of disagreement. We may reasonably limit the length of this statement. Your letter of disagreement will be included in your medical record, but we may also include a rebuttal statement.

D. Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of your health information made by us. In your accounting, we are not required to list certain disclosures, including: a) disclosures made for treatment, payment, and health care operations purposes or disclosures made incidental to treatment, payment, and health care operations. Unless the disclosures were made through an electronic health record, you have the right to request an accounting for such disclosures that were made during the previous 3 years; b) disclosures made pursuant to your authorization; c) disclosures made to create a limited data set; d) disclosures made directly to you.

To request an accounting of disclosures, you must submit your request in writing to our privacy officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you would like the accounting of disclosures (for example, on paper or electronically by e-mail). The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting of disclosures. We will notify you of the costs involved and you

may choose to withdraw or modify your request at that time, before any costs are incurred. Under limited circumstances mandated by federal and state law, we may temporarily deny your request for an accounting of disclosures.

E. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. If you paid out-of-pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we are required to honor that request. If you request that we restrict the information we disclose for payment, we will ask you to provide your request in writing by signing our form and paying your fees at the time of service in accordance with our fee schedule. You also have the right to request a limit on the medical information we communicate about you to someone who is involved in your care or the payment for your care.

Except as noted above, we are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our privacy contact. In your request, you must tell us: a) what information you want to limit; b) whether you want to limit our use, disclosure, or both; and c) to whom you want the limits to apply.

F. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. To request confidential communications, you must make your request in writing to our privacy officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

G. Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users.

Complaints: If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. To file a complaint with us, contact our privacy officer at the address listed above. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201.

Privacy Contact: If you would like more information about our privacy practices or to file a complaint you may contact:

Name: Kasey Payne, Privacy Officer  
Address: 410 S. Maple Avenue, #100, Falls Church, VA 22046  
Contact: kpayne@bodydynamicsinc.com, (703) 527-9557

Effective Date: This Notice took effect on April 14, 2003 and was revised on April 16, 2015