

Integrative Therapeutics, Inc. Notice of Information Practices

This notice describes how your medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Understanding Your Medical Record Information

Each time you visit a hospital, physician, or other health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, clinical impressions, and a plan for future care. Your medical record serves as a:

1. basis for planning your care and treatment.
2. means of communication between the health care providers contributing to your care.
3. legal document describing the care you received.
4. means by which you or a third party payer can verify that you actually received the services your provider billed for.
5. a tool for medical education.
6. a source of information for public health officials charged with improving the health of the regions they serve.
7. a tool to assess the appropriateness and quality of the care you received.
8. a tool to improve the quality of care provided at Integrative Therapeutics and to assist us in achieving ever improving patient outcomes.
9. a means by which Integrative Therapeutics may process health care claims involving third party payers.

Understanding what is in your medical record and how this information is used helps you to :

1. ensure its accuracy and completeness.
2. understand the “who, what, where, how and why” of access to your health information.
3. make informed decisions about authorizing disclosure to others.
4. better understand the health information rights detailed below.

Your Rights Under the Federal Privacy Standard

The increasing demand for access to medical information by health care providers insurance providers, and others in the health care industry combined with the increasing

degree of automation by which this information is transmitted has lead to increasing concerns about protecting patients' privacy. In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPPA) to standardize communication between those transmitting and receiving health care information as well as to mandate that all health care providers take reasonable and appropriate steps to guard the integrity and confidentiality of patient information. Among other things, HIPPA requires us to generate a Notice of Information Practice, and that such a statement cover the information below.

Although your health records are the physical property of the healthcare provider who generated it, you have certain rights to the information contained in them. You have the right to:

1. request restrictions on uses and disclosures of your health information for treatment, payment and health care operations. "Health care operations" consist of activities such as quality assurance monitoring and peer review within a facility. This right to request restrictions does not extend to disclosures required by law, such as mandatory reporting of communicable disease, child abuse, or other disclosures as may be required to comply with public health directives. Your health care provider does not have to agree with your request to restrict disclosures for treatment, payment, or health care operations. **Integrative Therapeutics, Inc. maintains all of its rights to disclose medical record information for treatment, to obtain payment for services, and to conduct health care operations. We do not agree to requests to limit disclosures in these areas unless we specify so in writing.**
2. obtain a copy of this notice of information practices. Although we have posted a copy in a prominent location within the facility and on our website, you have a right to a hard copy upon request.
3. inspect a copy of your medical record upon request. This right is not absolute, and we may, in certain situations (e.g. if such access would cause harm) deny access. You do not have the right to access any of the following:
 1. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 2. Information that was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access but, if we do, we must provide you with a review of the decision denying access. These reviewable grounds for denial include:

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access is reasonably

likely to endanger the life or physical safety of the individual or another person.

2. The medical record makes reference to another person (other than a health care provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to that person.
3. The request is made by an individual's personal representative and a licensed health care provider has determined, in the exercise of professional judgment, that the provision of access to that personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, another licensed health care provider must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what part of your medical record (if not the whole record) that we have granted you access to. We will not grant access to the original documentation in the medical record, and **we reserve the right to charge a reasonable, cost-based fee for making copies.**

4. request amendment/ correction of your medical record. We do not have to grant this request if:
 1. Integrative Therapeutics, Inc. did not generate the portion of your medical record containing the information you wish amended/ corrected. Such information may include a radiology report or a letter from an outside physician. In such cases, you must request the amendment/ correction from the person/ facility that originally created the record. If the information is corrected or amended, we will put the corrected/ amended information in your Integrative Therapeutics, Inc. medical record.
 2. The records are not available to you for the reasons outlined above.
 3. The record is accurate and complete.

If we deny your request for amendment/ correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut and have that rebuttal included in your medical record) and how and to whom you may register a complaint. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

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5. obtain an accounting of “non-routine” uses and disclosures, other than for treatment, payment, and health care operations. We are not required to provide and accounting for disclosures for:
 1. disclosures made for national security or intelligence purposes.
 2. to correctional institutions or law enforcement officials.
 3. disclosures that occurred prior to April 14, 2003.
 4. disclosures made at your request for which we have a consent form signed by you.

If you request such an accounting, we must provide it within 60 days and the accounting must include:

1. The date of each disclosure
2. The name and address of the organization or person who received the information.
3. A brief description of the information disclosed.
4. A brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure.

We are required to provide the first accounting in any 12 month period for free. After that, we reserve the right to charge a reasonable, cost-based fee.

6. revoke your consent or authorization to use or disclose information contained in your medical record except to the extent that we have already taken action in reliance on the consent or authorization.
7. report or complain to the Integrative Therapeutics privacy officer (Todd A. Forman, PT at 508-647-3200) and/ or to the Secretary of Health and Human Services to register complaints if you believe that your privacy rights have been violated. Integrative Therapeutics, Inc. will not retaliate against an individual for filing a complaint.

Our Responsibilities Under the Federal Privacy Standard

In addition to providing you notification of your rights as detailed above, the federal privacy standard requires us to :

1. maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
2. provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
3. abide by the terms of this notice.
4. train our personnel concerning privacy and confidentiality.
5. implement a sanction policy to discipline those who breach privacy/ confidentiality or our policies relating to these.
6. mitigate (i.e. lessen the harm of) any breach of privacy/ confidentiality.

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will mail you a revised notice to the address you have supplied us.

To receive more information, ask questions, or report a problem, please contact Todd A. Forman, PT of Integrative Therapeutics, Inc. at 508-647-3200.

We will not use or disclose information contained in your medical record without your written consent or authorization, except to provide and conduct treatment, obtain payment, or conduct health care operations (see examples below), or described in this notice or otherwise required by law. These disclosures without your consent are allowed under HIPPA legislation.

We will use your medical record information to conduct your treatment.

For example, the clinician treating you will record information in your record and refer to that record to make diagnoses, treatment decisions, and to plan the course of your care. He or she will record specific information about each treatment session as well as your response to treatment and document instructions or recommendations to other providers who are involved in your care. He or she will share information from your medical record and/ or speak directly with your referring physician or other health care provider directly involved in your care as we need to in order to conduct your treatment here or to assist them in providing/ planning their aspect of your care. We may contact you to provide appointment reminders or to discuss treatment alternatives.

We will use your medical record information to obtain payment for services and/ or to process your insurance claims. For example, many health insurance

companies require that we send them copies of evaluations, treatment notes and progress notes in order to pay for physical therapy or chiropractic visits. Some insurance companies require your treating clinician to speak directly to a representative of the insurance company regarding your care.

We will use your medical record information for health care operations. For example, members of the Integrative Therapeutics Inc. staff may review your record for quality assurance, clinical guideline development, or peer review purposes. We use this information in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

Another example health care operations is our disclosing your medical record information to business associates that we have contracted to do aspects of medical claims processing. As we process many of our claims electronically, portions of your medical record information will be disclosed to the “clearinghouse”, or intermediary, used to transfer data from our facility to your insurance company. To protect your health information, however, we require all business associates we contract with to appropriately safeguard your information .

We will release the medical record information of our minor patients to the parent or guardian of that patient on request of the parent or guardian and/or explain the patient’s diagnosis, proposed treatment, and progress during treatment to the parent or guardian.

We may, in special circumstances, release your medical record information without your consent for the following reasons:

1. Disclosures required by law, for example to report child abuse, neglect, or domestic violence.
2. Disclosures required for public health activities, such as releasing information to public health agencies authorized by law to collect or receive such information for preventing or controlling disease or injury.
3. Disclosures for health oversight activities. We may disclose your information to a health oversight agency authorized by law to receive such information for such purposes as audits, investigations, inspections, licensure, or disciplinary actions or criminal proceedings. This does not include investigations or other activities in which the individual patient is the subject of the investigation.
4. Disclosures for judicial administrative proceedings. We may disclose your information to comply with a court order, or in response to a subpoena.
5. Disclosures for law enforcement purposes. We may disclose your information as required by laws requiring reporting of certain types of injuries.

6. We may disclose medical record information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
7. We may disclose medical record information if we believe, in good faith, that such a disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

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