



Effective date of notice: April 14, 2003

NOTICE OF PRIVACY PRACTICES

Lincoln Orthopedic Physical Therapy, P.C.

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.

North Office

26th and Superior
2550 Superior Street, Suite 100
Lincoln, NE 68521

402-434-5361
Fax 402-434-5365

Darren Ferguson, MPT, ATC, SCS
Ben DeWaard, MSPT
Brent Bednar, MPT
John Linn, MPT, ATC
Heather Teut, PTA

Northeast Office

84th and Holdrege
1651 N. 86th Street, Suite 100
Lincoln, NE 68505

402-484-7117
Fax 402-484-7118

Tom Kruse, MPT, MTC
Roger Sand, PT
Irma Jacobsen, PTA
Kristi Roddel, PTA
Britnee Vavra PTA

South Office

Williamsburg Village
6120 Village Drive
Lincoln, NE 68516

402-420-2626
Fax 402-420-6502

Jake DeNell, PT, OCS, CWCE
Stephen Benson, DPT, OCS, MTC
Bruce Bednar, OTR/L, CHT, CWCE
Sherril Kilpatrick, PT
Jennifer Lempka, PTA
Jon Urwiler, PTA

www.loptonline.com

General Rule:

We respect our legal obligation to keep your identifiable health information private. We are obligated by a Federal law known as the HIPAA Privacy Rule to give you notice of our privacy practices. Generally, we cannot use your health information in our offices or disclose it outside of our offices without your written permission. In some rare situations, the law may allow or require us to disclose your health information without either a written consent or authorization.

Protected Health Information:

The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information “protected health information (PHI).”

Uses or Disclosures With Consent:

We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment and health care operations of this office. We are allowed to refuse to treat you if you do not sign the consent form.

Treatment Purposes: We use information within our office for treatment purposes when, for example, we perform our initial evaluation, provide treatment and/or set up any type of exercise or strengthening program to assist in your rehabilitation. We may disclose your health information outside of our office for treatment purposes if, for example, we need to confer with your referring physician’s office, a specialist’s office, surgeon’s office, etc., or when we phone you to let you know a piece of equipment we have ordered for you is ready for you to pick up. Sometimes we may ask for copies of your health information from another professional that you may have seen before us. For example, we may request a copy of your operative report if we are seeing you for post-operative rehabilitation.

Payment Purposes: We use your health information for payment purposes when, for example, our staff asks you about your insurance coverage or health care plan, or about other sources of payment for our services; when we prepare bills to send to your or your insurance company/health care plan; when we process payments and when we try to collect unpaid amounts due. We may disclose your health information outside our office

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improve their quality of life.**

for payment purposes, when, for example, bills or claims for payment are mailed, faxed or sent by computer to your or your health care plan/insurance company, or when we occasionally have to ask a collection agency or attorney help us with unpaid amounts due.

Health Care Operations: We may use your health information for health care operations in a number of ways. Health care operations mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for billing audits or to allow our physical therapists to participate in managed care plans and HMO's, and for the defense of legal matters.

Uses and Disclosures Without Consent or Authorization

In some limited situations, the law may allow or require us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up in our office at all. However, we are required by law to notify you of these situations. Such uses or disclosures are:

- * When a **state or federal law mandates** that certain health information be reported for a specific purpose
- * For **public health purposes**, such as contagious disease reporting, investigation or surveillance and notices to and from the Food and Drug Administration regarding drugs or medical devices
- * Disclosure to governmental authorities about victims of suspected **abuse, neglect or domestic violence**
- * Uses and disclosures for **health oversight activities**, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws
- * Disclosures for **judicial and administrative proceedings**, such as in response to subpoenas or orders of courts or administrative agencies
- * Disclosures for **law enforcement purposes**, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else
- * Disclosure to a **medical examiner** to identify a dead person or to determine the cause of death; or to **funeral directors** to aid in burial, or to organizations that handle **organ or tissue donations**
- * Uses or disclosures for **health related research**
- * Uses and disclosures to prevent a serious **threat to health or safety**
- * Uses or disclosures for **specialized government functions**, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service
- * Disclosures relating to **workers' compensation** programs
- * Disclosures to **business associates who perform health care operations for us** and who agree to keep your health information private

Appointment Reminders

We may call to remind you of scheduled appointments or to notify you we have something that was ordered on your behalf.

Other Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. This may be an authorization form we have provided to you, or an authorization form you have signed for someone else, such as an attorney or insurance company. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You can:

- * Ask us to restrict our uses and disclosures for purposes of treatment, payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to: Privacy Official, at the address or fax shown at the beginning of this Notice.
- * Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by faxing information to you at your personal fax. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to: Privacy Official, at the address or fax shown at the beginning of this Notice.
- * Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. You will have to pay for photocopies in advance (.50/page). If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to: Privacy Official, at the address or fax shown at the beginning of this Notice.

- * Ask us to amend your health information if you think it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information, along with any rebuttal statement that we may write. Once our statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information send a written request, including your reasons for the amendment, to: Privacy Official, at the address or fax shown at the beginning of this Notice.

- * Get a list of the disclosures that we made of your health information within the past six years, (or shorter period if you want), except disclosures for purposes of treatment, payment or health care operations and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days or receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to: Privacy Official, at the address or fax at the beginning of this Notice.

- * Get additional paper copies of this Notice of Privacy Practices upon request, even if you have previously received this Notice. If you want additional paper copies, send a written request to: Privacy Official, at the address or fax shown at the beginning of this Notice.

Our Notice of Privacy Practices

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this Notice at any time in compliance with and as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our offices, have copies available in our offices and post it on our Web site.

Complaints

If you think we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services- Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to: Privacy Official, at the address, phone number or fax shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone. Privacy complaint forms are available upon request.

For More Information

If you want more information about our privacy practices, call: Privacy Official, at the phone number shown at the beginning of this Notice. She will be happy to discuss any matter with you over the phone, or set up an appointment with you to discuss these matters in person.

This notice was first published and became effective on April 14, 2003.