

# Performance Work Rehabilitation, Inc.

## PRIVACY NOTICE

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

**EFFECTIVE: September 15, 2004**

### **WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU**

We are required to protect the privacy of health information about you and that can be identified with you. Each time you are in our clinic for treatment, a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment, and a plan for future care or treatment. This notice describes the types of uses and disclosures of your health information that we may make and gives you examples.

### **YOUR HEALTH INFORMATION RIGHTS**

**Although your health record is the physical property of PWR, the information belongs to you. You have the right to:**

- 1. Request a restriction on certain uses and disclosures of your information.**  
We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. Limited use and disclosure without your authorization is permitted in circumstances where there is an overriding public interest, including: disclosure for public health activities, health oversight activities and other governmental functions, medical research, to report abuse and neglect, in emergency situations, and for judicial and law enforcement purposes.
- 2. Obtain a paper copy of this notice upon request.**
- 3. Inspect and copy your health record.**  
Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the record, we may give you a summary or explanation of the health information about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.
- 4. Amend your health record.**  
You have a right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received health information about you and who need the amendment.
- 5. Obtain an accounting of certain disclosures that are made of your health information.**  
You can request an accounting of disclosures by submitting a request in writing to the Compliance Officer. Limited use and disclosure without authorization is permitted in circumstances where there is an overriding public interest, including: disclosure for public health activities and other governmental functions, medical research, to report abuse and neglect, and for judicial and law enforcement purposes.
- 6. Request communications of your health information by alternative means or alternative means or at alternative locations.**  
You have the right to request how and where we contact you about protected health information. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.
- 7. Revoke your authorization to use or disclose health information except to the extent that action has already been taken.**

### **PWR'S DUTIES**

Our organization is required to:

- Maintain privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a required restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

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

We will not use or disclose your health information without your authorization, except as described in this notice.

#### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

- 1. We will use your health information for treatment.**  
For example: Information obtained by a physical therapist, occupational therapist, massage therapist, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide your referring physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from the clinic.
- 2. We will use your health information for payment.**  
For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- 3. We will use your health information for regular health operations.**  
For example: Members of the business administrative staff may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

#### **OTHER USES OR DISCLOSURES**

- 1. Appointment Reminders:** We may contact you to provide appointment reminders.
- 2. Information about our Services:** We may contact you with information about treatment, services, products, or health care providers that may be of interest to you.
- 3. Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your physical condition. You can object to such use and disclosure in writing to the Compliance Officer.
- 4. Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. You can object to such use and disclosure in writing to the Compliance Officer.
- 5. Research:** We may disclose information to researchers when their research has been approved by a PWR Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- 6. Government Oversight and Related Agencies:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law; to public health or legal authorities charged with preventing or controlling disease, injury or disability; for law enforcement purposes as required by law, or in response to a valid subpoena; to the FDA, health information relative to adverse events with respect to food, supplements, product defects or post marketing surveillance information to enable product recalls, repairs or replacement, and should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**\* ANY OTHER USE OR DISCLOSURE OF PERSONAL HEALTH INFORMATION  
ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION \***

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose personal health information about you. If you sign a written authorization allowing us to disclose personal health information about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose personal health information about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, or if you believe your privacy rights have been violated by the unauthorized and/or improper use and disclosure of your health information and would like to file a complaint with us, you can contact:

Terri Archer, Corporate Compliance Officer  
2006 112<sup>th</sup> St E, Tacoma, WA 98445  
(253) 548-8400

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. All complaints will be investigated and appropriate correction actions taken to ensure that PWR is in compliance with privacy regulations. If you file a complaint, we will not take any action against you or change our treatment of you in any way.