



5 STAR PHYSICAL THERAPY SPECIALISTS

13060 US HIGHWAY 27 SUITE C4  
DEWITT, MI 48820  
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FAX: 517-306-2372  
E-MAIL: [OFFICE@5STARPT.COM](mailto:OFFICE@5STARPT.COM)  
WEBSITE: 5STARPT.COM

## 5 Star Physical Therapy Specialists

### Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information to provide treatment, seek reimbursement (payment for services), and carry out health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your protected health information. Below is a summary of our obligations and your rights.

#### PRIVACY OFFICER

For questions, complaints, or for reasons otherwise noted in this Notice, contact our Privacy Officer, Amanda Raborn at 517-668-6561, or by email at [office@5starpt.com](mailto:office@5starpt.com).

#### YOUR RIGHTS

You have rights with regards to your protected health information. Below is a summary of those rights and our responsibilities to help you.

#### Get an electronic copy of your medical record

- You can ask to see or get an electronic copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee based on the cost to produce the medical record.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may or may not be able to do this for you, but if we cannot we will provide a written explanation as to why we cannot do this within 30 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, cell phone, office phone, home phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operation with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those whom we’ve shared information



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- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the Privacy Officer.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

#### **YOUR CHOICES**

##### **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- If you are not able to tell us your preferences, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to yours or others health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

#### **OUR USES AND DISCLOSURES**

##### **We use or share your health information in the following ways:**

##### **Treatment**

- We use your health information and share it with other professionals who are treating you.



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- *For example: A physical therapist is treating you for an injury asks another doctor about your overall health condition.*

### **Run our organization**

- We can use and share your health information to operate our practice, improve your care, and contact you when necessary.
- *For example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.
- *For example: We give information about you to your health insurance plan so it will pay for your treatment.*

## **OTHER USES AND DISCLOSURES OF YOUR INFORMATION**

### **Business associates**

We may provide some services through contracts with business associates who may require access to your information. Some examples are billing companies, medical record storage companies, and vendors for various medical equipment (medical devices, braces). We require the business associate to enter into a written agreement that appropriately protects your health information.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Research purposes**

- We can use or share your information for health research

### **Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### **Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you
  - For workers compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services.

### **Respond to lawsuits and legal actions**



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- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html), or contact the Privacy Officer at the number or via the email specified above.

#### **CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.