

# Cascade Dizziness & Balance PT

*Cascade Dizziness & Balance PT is committed to protecting the privacy of our clients. These notices outline the measures we take to do that. We are always trying to improve our systems and processes to better serve our patients. If you have questions about our privacy policies and procedures, please feel free to ask any member of our staff to get your question addressed as quickly as possible.*

Effective Date: September 9, 2013

If you have any questions about this notice or need more information, please contact our privacy officer:

Lisa Eaton, DPT, OCS  
120 Lakeside Ave, Suite 210  
Seattle, WA 98122  
Phone: 206-925-3762 Fax: 206-324-3600  
Email: [lisa@cascade-dizziness.com](mailto:lisa@cascade-dizziness.com)

## Notice of Privacy Practices

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our practices with regard to that information. You have certain rights regarding the privacy of your Protected Health Information, and this Notice also explains your rights and obligations. We are required to abide by the terms of the current version of this Notice.

“Protected Health Information” is information that individually identifies you and that we create or get from you or from other health care providers, health plans, your employer, or a health care clearinghouse. This information related to 1) your past, present, or future physical or mental health or conditions, 2) the provision of health care to you, or 3) the past, present, or future payment for your health care.

### Use and disclosure of your Protected Health Information Without Your Authorization

Here are some examples of how we may use and disclose protected health information without your authorization:

**Treatment.** We may use and disclose your health information to provide treatment and coordinate your medical care. For example:

- Your physician may use your information to determine whether specific diagnostic tests, therapies and medications should be ordered.
- Physical therapists or students may need to know and/or discuss your health problems to carry out treatment and to understand how to evaluate your response to treatment.
- We may disclose your health information to another one of your treatment providers in the community, unless the provider is not currently providing treatment to you and you direct us in writing not to make this disclosure.

**Payment.** We may use your health information for payment purposes. For example:

- We may use your information to prepare claims for payment services.
- If you have health insurance and we bill your insurance directly, we will have to include information that identifies you, as well as your diagnosis and procedures so that we can be compensated for the treatment provided. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

**Health Care Operations.** We may use and disclose your health information to carry out health care operations. For example, we use and disclose information from patients to monitor and improve services. Also, authorized staff may look at portions of your record to perform administrative services. We may also disclose information to students, physical therapists and physical therapy assistants for educational and learning purposes.

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**Train Staff and Students.** We may use and disclose your information to teach and train staff and students. One example of this is when a physical therapist reviews patient health information with physical therapy students.

**Appointment Reminders and Other Services.** Your health information may also be used to contact (via phone, email or mail) you to remind you about appointments or advise you about other services provided by Cascade Dizziness Physical Therapy PLLC.

**Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

**As Required By Law.** We will disclose PHI about you then required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

**Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose PHI for public health activities. This includes disclosures to: 1) a person subject to the jurisdiction of the Food and Drug Administration for purposes related to the quality, safety, or effectiveness of an FDA-related product or activity, 2) prevent or control disease, injury or disability, 3) report child abuse or neglect, 4) report reactions to medications or problems with products, 5) notify people of recalls of products they may be using and 6) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Abuse, Neglect or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for, example, audits, investigations, inspections, licensure and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.

**Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

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**Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under law.

## **Use and Disclosure When You Have the Opportunity to Object**

**Facility Directory.** Unless you object, you will be included in our facility directory. This information is limited to your name, address, email address and phone number. This directory is used to notify you of new services provided or to send you greetings or make reminder calls.

**Individuals Involved in Your Care or Payment for your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friends or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family or friends of your location in a disaster.

## **Use and Disclosure that Requires Your Authorization**

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. If you provide us with written authorization, you may revoke that authorization at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization or the law prohibits revocation.

## **Your Individual Rights Regarding Patient Health Information**

You have specific individual rights as to the use and disclosure of your protected health information.

Contact us regarding your health information at:

Cascade Dizziness & Balance PT  
Attn: Lisa Eaton, DPT, OCS  
120 Lakeside Ave Suite 210  
Seattle, WA 98122

Your specific rights are listed below:

**The right to request restricted use.** You may request in writing that we not use or disclose your information for treatment, payment and/or operational activities except when specifically authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you make your written request to Cascade Dizziness Physical Therapy PLLC you will be provided with written notice of our decision regarding your request.

**The right to received confidential communications.** You have the right to request that we communicate with you about health matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**The right to inspect and receive copies.** In most cases, you have the right to look at or order a copy of your health information. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the request reviewed by a licensed health care professional. We will comply with the outcome of that review.

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**The right to a Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI, which has been provided to you, so long as you agree to the alternative form and pay the associated fees.

**The right to Get a Notice of a Breach.** You have the right be notified upon a breach of any of your unsecured PHI.

**Out-of-Pocket Payments.** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or services not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**The right to request an amendment to your records.** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. In your request for the amendment, you must give a reason for the amendment. We are not required to amend your record, but a copy of your request will be added to your record if you direct us to file it.

**The right to know about disclosures:** You have the right to receive a list of instances when we have disclosed your health information except in certain instances, such as disclosures for treatment, payment, or health care operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Each additional request within the same calendar year will require a processing fee.

• **The right to make complaints:** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with Cascade Dizziness Physical Therapy PLLC.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services • Office for Civil Rights:

Office for Civil Rights

U.S. Department of Health & Human Services

2201 Sixth Avenue - Mail Stop RX-11

Seattle, WA 98121

(206) 615-2290; (206) 615-2296 (TDD)

(206) 615-2297 FAX

## **Privacy Notice Changes**

**Our Legal Duty:** We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices, and to follow the privacy practices that are described in this Notice. We reserve the right to change the privacy practices described in this Notice. We reserve the to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. You may request a copy of the current Notice in effect from our office.