



**KERRY BECHT**  
PHYSICAL THERAPY & THERAPEUTIC MASSAGE

## **HIPAA NOTICE OF PRIVACY**

This notice of Privacy Practices describes how Kerry Becht Physical Therapy & Massage, Inc. may use and share your medical information with others to carry out treatment, payment or other healthcare related operations and for other purposes that are permitted or required by law. It also describes your rights to see and amend your Protected Health Information (PHI). PHI is information about you and services you have received as well as health conditions. This would include information such as your name, address, date of birth, diagnosis, treatment, or other information that may identify you, your past, present or future physical or mental health or treatment you receive.

### **Use and Disclosure of Your Medical Information**

**Use and Disclosure of Your Medical Information:** Your PHI may be used and shared by your therapist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operations of our office and any other use as permitted or required by law.

**Treatment:** We will use and share your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party (for example, sending PHI about you to the insurance company for authorization for additional visits or to the referring physician).

**Payment:** Your PHI will be used or disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we need to give your insurance company information about your office visit so your insurance company will pay us or reimburse you for the visit. We may also tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of therapy students, licensing, health oversight audits or inspections, marketing activities and conducting or arranging for other business activities. For example, we may disclose your PHI to therapy students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your service. We may also call you by name in the waiting room when your therapist is ready to see you.

**Appointment Reminders:** We may use and disclose your PHI to contact you to remind you of your appointment by phone (voice mail or text message) or via email.

**Treatment Alternatives:** We may use and disclose your PHI to inform you about possible treatment option and healthcare related benefits and services that may be of interest to you.

### **Use and Disclosures without Your Authorization**

We may use or disclose your PHI in several other situation without your authorization. We may give out PHI about you for public health purposes, abuse or neglect reporting, research studies, funeral arrangements, worker's compensation purposes, and emergencies. We also disclose PHI when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to a valid judicial or administrative order.

**As Required by Law:** We may disclose your PHI when required to do so under federal, state or local law.

**For Public Health Activities:** We may disclose you PHI for certain public health activities such as prevention.

**Abuse and Neglect:** We may disclose your PHI to public officials who are authorized by law to receives reports regarding abuse, neglect and domestic violence.

### **Health Oversight Activities**

**For Law Enforcement:** We may disclose your PHI in the course of judicial or administrative proceedings, including in response to a subpoena or an order of the court.

**To Avert Serious Harm:** We may disclose your PHI when necessary to prevent a serious threat to the safety and health of the public or a person, including yourself.



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**Government Functions:** We may disclose your PHI to a military official if you are an active member of the military or to determine eligibility and/or benefits for veterans. We may also disclose your PHI for national security, intelligence activities, the protection of the President, and to determine officials' suitability to serve in public office.

**Workers' Compensation:** We may disclose your PHI as authorized to comply with worker's compensation laws or similar programs that provide benefits for work related injuries or illness.

#### **Other Permitted and Required Use and Disclosures**

Other use and disclosures not described on this notice will be made only with your authorized or opportunity to object unless required by law. These include most uses and disclosures of psychotherapy notes (where appropriate), use and disclosures for marketing purposes.

#### **Your Rights**

The following are statements of your rights about PHI.

You have the right to inspect and request a copy of your PHI. Federal law, however does create some exception to this right and exempts the following from records: psychotherapy notes; information gathered to be used in a civil, criminal or administrative action or proceeding.

You have a right to request that PHI about you, communicated to you in reasonable manner, such as sending mail to an address other than your home or by other means. Your request must state how or where you would like to be contacted and we will accommodate reasonable requests.

You have the right to obtain a paper copy of this notice from us upon request at any time. You may also obtain a copy of this notice on our website at [www.kerrybechtphysicaltherapy.com](http://www.kerrybechtphysicaltherapy.com).

You may have the right to request that our office amend your PHI. To request that our office amend your PHI, you must make your request in writing and explain why the amendment is needed. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare and answer to your statement and will provide you a copy of such.

You have the right to receive an accounting of certain disclosures, if any, of your PHI. The accounting of disclosures does not apply to disclosures for treatment, payment and healthcare operations or for discourse we have made on your or your request.

You have the right to and will receive notification of breaches of your unsecured PHI. If your PHI maintained by our office or its business associates has been breached, our office will notify you of the situation and take actions to mitigate any harm that might result from this breach.

You have the right to make a complaint to our office or the Secretary of Health and Human Services. You may file a complaint with us by notifying our HIPAA Privacy Officer at the address or phone below or by contacting [www.HHS.gov](http://www.HHS.gov). Filing a complaint will not affect your healthcare services in any way.

To exercise any of these rights, you may ask any staff member in the Kerry Becht Physical Therapy & Massage, Inc. office for the proper forms and instructions.

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We reserve the right to change the terms of this notice for all records and will inform you by posting the revised notice in the waiting area and on our website at [www.kerrybechtphysicaltherapy.com](http://www.kerrybechtphysicaltherapy.com).

We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and notify you following a breach of your unsecured PHI. If you have any questions or complaints, please contact our HIPAA Privacy Officer at:

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