

ACIC PHYSICAL THERAPY NOTICE OF PRIVACY PRACTICES
EFFECTIVE JANUARY 1, 2007

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

The terms of the Notice of Privacy Practices applies to ACIC Physical Therapy (ACICPT) and all of its affiliates and employees. All of the entities will share personal health information (PHI) of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required to maintain the privacy of your patients' PHI and to provide patients with notice of our legal duties and privacy practice with respect to PHI. We are required to abide by the terms of the Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make a new Notice effective for all PHI maintained by ACICPT. We are also required to inform you that there may be a provision of requirement under the Federal Health Insurance Portability and Accountability Act (HIPAA). A copy of any revised Notice of Privacy Practice may be obtained by mailing a request to ACIC Physical Therapy, 16300 Sand Canyon Ave., Suite 100, Irvine, CA 92618.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION:

Authorization and Content: Except as outlined below, we will not use or disclose your PHI for any purpose other than treatment, payment, or health care operations unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures for Treatment: With your agreement, we will make uses and disclosures of your PHI as necessary for treatment. Our staff that is involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to determine your course of treatment that may include procedures, test, referral to appropriate providers, medical history, etc. We may disclose your PHI to another one of your treatment providers, unless the provider is not currently providing treatment to you and you direct us in writing not to make the disclosure.

Uses and Disclosures for Payment: With your agreement, we will make uses and disclosure of your PHI as necessary for payment purposes. During the normal course of business operations we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. We may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures to Health Care Organizations: With your agreement, we will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations, which may include clinical improvement, professional peer review, business management, accreditation, and licensing, etc. For instance, we may use and disclose your PHI for purposes of improving the clinical treatment and patient care at ACICPT.

Individuals Involved in Your Care: Unless you notify us in writing of your desire to restrict disclosure, we may from time to time provide relevant PHI to designated family, friend, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest; we may share limited PHI with involved individuals without your approval.

Business Associates: Certain aspects and components for our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations

who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

Train Staff and Students: We may use and disclose your information to teach and train staff and students. One example of this is when we review your PHI with our physical therapy students/interns.

Other Uses and Disclosures: We are permitted and/or required by law to make certain other uses and disclosures of your PHI without your consent or authorization for the following:

- Any purpose require by law
- Public health activities, such as required reporting of disease, injury, birth and death, or required public health investigations.
- If we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect, or domestic violence.
- To the Food and Drug Administration (FDA) to report adverse events, product defects, or to participate in product recalls.
- To you employer when we have provided health care to you at the request of your employer.
- To a government oversight agency conducting audits, investigations, or civil criminal proceedings.
- Court or administrative ordered subpoena or discovery requests.
- To law enforcement officials as required by law to report wounds and injuries and crimes.
- To coroners and /or funeral directors constituent with the law.
- If you are a member of the military, we may also release your PHI for national security or intelligence activities.
- To worker's compensation agencies for workers' compensation benefit determination.

RIGHTS THAT YOU HAVE REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

Access to Your PHI

You have the right to copy and /or inspect much of the PHI that we retain on you behalf. All requests for access must be made in writing and signed by you or your legal representative. You may obtain a

Amendments to Your Personal Health Information: You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, must be in writing, signed by you or your legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary. You may obtain an "Amendment Request Form" from the front office person or individual responsible for medical records.

Accounting for Disclosures of Your Personal Health Information: You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your legal representative. "Accounting Request Forms" are available from the front office person or individual responsible for medical records. The first accounting in any 12-month period is free; you will be charged a fee for each sub sequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request.

Restrictions on Use and Disclosure of Your Personal Health Information: You have the right to request restrictions on uses and disclosures of your personal health information for treatment, payment, or health care operations. We are not required to agree to your restriction request, but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the individual responsible for medical records.

Workers' Compensation: For patients whose medical treatment is covered under a state workers' compensation program, please note the following: Disclosure of your protected health information (PHI) for purposes of providing treatment and obtaining payment under the state's workers' compensation is governed by the state

workers' compensation regulations and procedures. Therefore, we are not obligated to secure a written authorization as otherwise required by HIPAA in order to disclose your PHI for workers' compensation purposes, nor may you restrict our use or disclosure of your PHI for workers' compensation purposes. Written consent to use or disclose your PHI may be required pursuant to our internal policies and/or state workers' compensation program rules in order to process your claims. Failure to provide any required written consent may result in your financial liability for medical services and supplies.

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer, Karen Herz, ACIC Physical Therapy, 16300 Sand Canyon Ave., Suite 100, Irvine CA 92618. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION: If you have questions or need further assistance regarding this Notice, you may contact the Privacy Officer, Karen Herz, ACIC Physical Therapy, 16300 Sand Canyon Ave., Suite 100, Irvine CA 92618.