

EFFECTIVE DATE: 02/02/2020

MOBILE PT SOLUTIONS, LLC d/b/a ONSITE PHYSIO NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Mobile PT Solutions, LLC d/b/a OnSite Physio (“OnSite Physio,” “we,” “our,” or “us”) understands that your health information is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from OnSite Physio. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care and billing for that care that we generate or maintain, whether made by OnSite Physio personnel or other health care providers.

This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

If you have any questions about this Notice, please contact our HIPAA Privacy Officer at 866-907-4797 or by mail at:

Mobile PT Solutions, LLC d/b/a OnSite Physio
Attn: HIPAA Privacy Officer
PO Box 56890
Jacksonville, FL 32241

HOW WE TYPICALLY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways that we typically use and disclose health information.

For Treatment

We may use or disclose health information about you to provide you with medical treatment or services. We may disclose health information about you to the physical therapists and other personnel who are involved in taking care of you within our company. Different departments at OnSite Physio may share

health information about you in order to coordinate your care. We may also disclose health information about you to people outside OnSite Physio who may be involved in your care. For example, we may communicate with a physician who referred you for physical therapy about your medical or orthopedic conditions, as well as any other health issues you may have, to determine the best plan of care.

For Payment

We may use and disclose health information about you so that the treatment and services you receive at OnSite Physio may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose health information about you for our day-to-day health care operations. These uses and disclosures are necessary to run our operations and to ensure that all patients receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating our clinical protocols.

We may also combine health information about many patients to help determine what additional services we should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may also be used for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose your health information to our staff and therapists for our professional review, performance evaluation, and for training programs. We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning the identities of specific patients. We may disclose your health information to another health care provider for its own health care operations purposes if you have also received care from that provider.

OTHER WAYS WE MAY USE OR SHARE YOUR HEALTH INFORMATION

Business Associates

We may use and disclose your health information to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription. We refer to these parties as “business associates.” The law requires our business associates and their subcontractors to protect your health information in the same way we do. We also contractually require these parties to use and disclose your health information only as permitted and to appropriately safeguard your health information.

Treatment Alternatives

We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services and Reminders

We may use your health information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care.

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

As Required by Law

We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Organ and Tissue Donation

If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.

Military and Veterans

If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release health information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs health information about you to determine whether you are eligible for certain benefits.

Research

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose

health information about you to people preparing to conduct a research project so long as the health information they review does not leave OnSite Physio. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value in connection for using or disclosing your health information for research purposes except for money to cover the costs of preparing and sending the health information to the researcher.

Workers' Compensation

In accordance with state law, we may disclose without your consent health information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

Public Health and Safety Issues

We may disclose without your consent health information about you for public health and safety purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths
- Reporting reactions to medications or problems with products
- Notifying people of recalls of products
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
- Reporting suspected abuse, neglect or domestic violence when required or authorized by law.

Health Oversight Activities

We may disclose without your consent health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement

We may disclose health information to a law enforcement official without your consent:

- In response to a court order, subpoena, warrant, summons or similar process;
- To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
- In response to a request from law enforcement for certain information to help identify or locate a suspect, fugitive, material witness, or missing person;
- To report a death or injury we believe may be the result of criminal conduct;
- To report suspected criminal conduct committed at OnSite Physio's facilities; and

- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Marketing of Health-Related Products and Services

“Marketing” means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your health information to market a health-related product or service to you, we must obtain your written authorization to do so. Marketing does not include: prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made about your treatment, such as when your physician refers you to another health care provider, generally are not marketing.

Sale of Medical Information.

We cannot sell your health information without first receiving your authorization in writing. Any authorization form you sign agreeing to the sale of your health information must state that we will receive payment of some kind disclosing your information. However, because a “sale” has a specific definition under the law, it does not include all situations in which payment of some kind is received for the disclosure. For example, a disclosure for which we charge a fee to cover the cost to prepare and transmit the information does not qualify as a “sale” of your information.

Correctional Institution

Should you be an inmate of a correctional institution, we may disclose to the institution or its agent’s health information necessary for your health and the health and safety of others.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your health information. To exercise any of these rights, contact the HIPAA Privacy Officer using the information provided above.

Right to Inspect and Copy

You have the right to inspect and receive a copy of your medical record unless your health care provider determines that information in that record, if disclosed to you, would be harmful to your mental or physical health.

If we deny your request to inspect and receive a copy of your health information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by OnSite Physio will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing. If you request a copy of the information, **we may charge a fee** for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

Right to Amend

If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for OnSite Physio.

You must submit your request in writing to our HIPAA Privacy Officer. In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for OnSite Physio;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing to our HIPAA Privacy Officer. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

Right to Request Restrictions

Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to our HIPAA Privacy Officer.

In your request, you must tell us:

1. what information you want to limit;
2. whether you want to limit our use, disclosure or both; and
3. to whom you want the limits to apply, for example, disclosures to your spouse.

You may request that we not disclose your health information to your health insurance plan for some or all of the services you receive from us. If you pay the charges for those services you do not want disclosed *in full at the time of such service*, we are required to agree to your request. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your health information for a certain service, please let us know as early as possible.

Right to Request Alternate Communications

You have the right to request that we communicate with you about medical matters in a certain manner or at a specific location. For example, you may ask that we only contact you at work or by mail to a post office box.

You must submit your request in writing to our HIPAA Privacy Officer and specify how or where you wish to be contacted.

We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at www.onsite-physio.com. The notice will contain the effective date on the first page, in the top left-hand corner. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your health information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with OnSite Physio or with the Secretary of the Department of Health and Human Services.

To file a complaint with OnSite Physio, contact our HIPAA Privacy Officer using the contact information below.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

CONTACT US

If you wish to contact us regarding this Notice, please contact our HIPAA Privacy Officer at 866-907-4797 or by mail at:

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PO Box 56890
Jacksonville, FL 32241

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