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## **Notice of Privacy Practices**

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to it.

**Please review this document carefully and thoroughly.**

If you have any questions about this Notice, please contact our Chief Executive Officer at (954) 741-2221

**RehabXperience, LLC DBA PhysicalOne** is required to maintain the privacy of individually identifiable patient health information (this information is called “Protected Health Information” and is also referred to as “PHI”). These requirements are detailed in the Health Insurance Portability and Accountability Act of 1996, also recognized as “HIPAA”, and the Health Information Technology for Economic and Clinical Health Act, also known as “HITECH” as amended from time to time. For the purpose of this document, both Acts are collectively referred to as “HIPAA”.

We are also required to provide patients with a Notice of Privacy Practices regarding PHI. This Notice applies to PHI of yours we possess including the medical records we generate. It applies to the delivery of health care by PhysicalOne and its staff at our clinic including utilization review and quality assessment activities of we take part in.

PhysicalOne understands that your health information is highly personal, and we are committed to safeguarding your privacy. We will only use or disclose your PHI as permitted or required by applicable State law.

### **DEFINITIONS:**

For purposes of this Notice, the following definitions are used:

- “Notice” means this Notice of Privacy Practices.
- “Health Information” means any information, whether oral or recorded in any form, received by PhysicalOne that relates to past, present, or future physical or mental health or condition of any individual, the provision of healthcare to an individual, or the payment for the provision of healthcare to an individual.
- “HITECH” means the Health Information Technology for Economic and Clinical Health Act; part of Title XIII of the American Recovery and Reinvestment Act of 2009 (also recognized as “ARRA”), as amended from time to time, and the regulations adopted to implement it.
- “HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the privacy regulations adopted to implement the law. For the purpose of this document, both “HITECH” and “HIPAA” are collectively referred to as “HIPAA”.
- “We” or “PhysicalOne” mean RehabXperience, LLC DBA PhysicalOne, its employees and subcontractors.

### **I. Permitted Use or Disclosure**

A. **Treatment:** PhysicalOne will use and disclose your PHI to provide, coordinate, or manage your health care and related services to carry out treatment functions. The following are examples of how PhysicalOne will use and/or disclose your PHI:

- To your physician(s) and other health care providers who have a legitimate need for such information in your care and continued treatment.

- To coordinate your treatment (e.g., appointment scheduling) with us and with other health care providers providing such information as name, address, employment, insurance carrier, etc.
  - To contact you as a reminder that you have an appointment at our facility.
  - To provide you with information about treatment alternatives or other health-related benefits or services.
- B. **Payment:** PhysicalOne will use and disclose PHI about you for payment purposes. The following are examples of how PhysicalOne will use and/or disclose your PHI:
- To an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) for payment purposes such as determining coverage, eligibility, pre-approval/authorization for treatment, billing, claims management, reimbursement audits, etc.
  - To collection agencies and other subcontractors engaged in obtaining payment for care.
- C. **Health Care Operations:** PhysicalOne will use and disclose your PHI for health care operations purposes. The following are examples of how PhysicalOne will use and/or disclose your PHI:
- For case management, quality assurance, utilization assessment, accounting, auditing, and similar activities relating to improving health, reducing health care costs, education, accreditation, licensing, or credentialing activities of PhysicalOne.
  - To consultants, accountants, auditors, attorneys, transcription companies, information technology providers, etc.
- PhysicalOne will not “sell” Protected Health Information without your written authorization.
- D. **Other Uses and Disclosures:** As part of treatment, payment and health care operations, PhysicalOne may also use your PHI for the following purposes:
- **Medical-Related Research:** PhysicalOne will use and disclose your PHI without your authorization to medical-related researchers who request it for approved medical research projects. Researchers are required to safeguard all PHI they receive.
  - **Information and Health Promotion Activities:** PhysicalOne will use and disclose some of your PHI for certain health promotional activities. For example, your name and address will be used to send you general newsletters or specific information based on your own health concerns.
  - **Coordinated Healthcare Activity:** PhysicalOne may share your PHI with other providers as necessary to carry out treatment, payment, or health care operations related to your care. These providers are independent contractors and are responsible for their own activities. PhysicalOne is advising you of these potential disclosures solely as a service to you. PhysicalOne is not responsible for the privacy practices or any other activities of these providers.
- E. **More Stringent State and Federal Laws:** The state law of Florida has more stringent requirements than HIPAA in several areas. Certain federal laws also are more stringent than HIPAA. PhysicalOne will continue to abide by these more stringent state and federal laws.

- **More Stringent Federal Laws:** The federal laws include applicable internet privacy laws, such as the Children’s Outline Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information.
- **More Stringent State Laws:** State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. In cases where PhysicalOne provides treatment to a patient who resides in a neighboring state, PhysicalOne will abide by the more stringent applicable state law.
- **Health Information Exchange (HIE):** If a statewide or regional health information exchange operates in this state, PhysicalOne will share your Health Information electronically with the exchange for the purpose of improving the overall quality of health care services provided to you (e.g. avoid unnecessary duplicate testing). The electronic health records will include sensitive diagnosis such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse, etc. The HIE will be functioning as our business associate and, in acting on our behalf, the HIE will transmit, maintain and store your Health Information for treatment, payment and health care operation purposes. The HIE has a duty to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your health Information. State law may provide you rights to restrict, opt-in or opt-out of the exchange.

## II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

- A. **Family/Friends:** PhysicalOne will disclose PHI about you to a friend or family member who is involved in or paying for your medical care. You have a right to request that your PHI is not shared with some or all of your family or friends. In addition, PhysicalOne will disclose PHI about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.
- B. **Media Reports:** PhysicalOne will release facility directory information to the media (excluding religious affiliation) if the media requests information about you using your name and after we have given you an opportunity to agree or object.

## III. Use or Disclosure Requiring Your Authorization

- A. **Marketing:** Subject to certain limited exceptions, your written authorization is required in cases where PhysicalOne receives any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.
- B. **Research:** PhysicalOne will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA.
- C. **Sale of PHI:** Subject to certain limited exceptions, disclosures that constitute a sale of PHI require your written authorization.
- D. **Other Uses and Disclosures:** Any other uses or disclosures of PHI that are not described in this Notice of Privacy Practices require your written authorization. Written authorizations will let you know why we

are using your PHI. Should you elect to provide such an authorization, you have the right to revoke it at any time.

#### **IV. Use or Disclosure Permitted or Required by Public Policy or Law without your Authorization**

- A. **Law Enforcement Purposes:** PhysicalOne will disclose your PHI for law enforcement purposes as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.
- B. **Required by Law:** PhysicalOne will disclose PHI about you when required by federal, state, or local law. Examples include disclosures in response to a court order/subpoena, mandatory state reporting (e.g. gunshot wounds, victims of child abuse or neglect), or information necessary to comply with other laws such as workers' compensation or similar laws. PhysicalOne will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.
- C. **Public Health Oversight or Safety:** PhysicalOne will use and disclose PHI to avert a serious threat to health and safety of a person or the public. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable diseases, etc. PhysicalOne will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA regulated products or activities, including collecting and reporting adverse events, tracking and facilitating in product recalls, etc.

#### **V. Your Health Information Rights**

You have the following individual rights concerning you PHI:

- A. **Right to Inspect and Copy:** Subject to certain limited exceptions, you have the right to access you PHI and to inspect and copy your PHI so long as we maintain the data.

If PhysicalOne denies your request for access to your PHI, PhysicalOne will notify you in writing with the reason for the denial. For example, you do not have the right to inspect the information which is subject to law prohibiting access. You may have the right to have this decision reviewed.

You also have the right to request your PHI in electronic format in cases where PhysicalOne utilizes electronic health records. You may also access information via patient portal if one is made available by PhysicalOne.

You will be charged a reasonable copying fee for copied records in accordance with applicable federal or state law.

- B. **Right to Amend:** You have the right to amend your PHI for as long as PhysicalOne maintains the data. You must make your request for amendment of your PHI in writing to PhysicalOne, including your reason and support for the requested amendment.

However, PhysicalOne will deny your request for amendment if:

- PhysicalOne did not create the information;
- The information is not part of the designated record set;

- The information would not be available for your inspection (due to its condition or nature); or
- The information is accurate and complete.

If denied your request for changed in your PHI, PhysicalOne will notify you in writing with the reason for the denial. PhysicalOne will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that PhysicalOne include your request for amendment and the denial any time that PhysicalOne subsequently discloses the information that you wanted changed. PhysicalOne may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

- C. **Right to an Accounting:** You have a right to receive an accounting of the disclosures of your PHI that PhysicalOne has made, except for the following disclosures:
- To carryout treatment, payment or health care operations;
  - To you;
  - To persons involved in your care;
  - For national security or intelligence purposes; or
  - To correctional institutions or law enforcement officials.

You must make your request for an accounting of disclosure of your PHI in writing to PhysicalOne.

You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, PhysicalOne will provide you with an accounting of the disclosures of your PHI at no charge. Any additional request for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

- D. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, PhysicalOne will consider your request but is not required to agree to the requested restrictions.
- E. **Right to Request Restrictions to a Health Plan:** You have the right to request a restriction on disclosure of you PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.
- F. **Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that PhysicalOne only contact you at work or by mail.
- G. **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

## VI. Breach of Unsecured Health Information

If a breach of unsecured PHI affecting you occurs, PhysicalOne is required to notify you of the breach.

**VII. Sharing and Joint Use of Your Health Information**

In the course of providing care to you and in furtherance of PhysicalOne's mission to improve the health of the community, PhysicalOne will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. **Business Associates:** PhysicalOne will share your Health Information with business associates and their subcontractors contracted to perform business functions on PhysicalOne's behalf.

**VIII. Changes to this Notice:** PhysicalOne will abide by the terms of the Notice currently in effect. PhysicalOne reserves the right to make material changes to the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. PhysicalOne will distribute/provide you with a revised Notice at your first visit following the revision of the Notice in cases where it makes a material change in the Notice. You can also ask PhysicalOne for a current copy of their Notice at any time.

**IX. Complaints:** If you believe your privacy rights have been violated, you may file a complaint in writing and mail it to

Ofer Amit  
Managing Member and CEO  
RehabXperience, LLC DBA PhysicalOne  
350 NW 70 Ave., Suite A  
Plantation, 33317

**X. Privacy Official - Questions/ Concerns/ Additional Information:** Ofer Amit is also serving and PhysicalOne's Privacy official. If you have any questions, concerns, or want further information regarding the issues covered by this Notice of Privacy Practice or seek additional information regarding PhysicalOne's privacy policies and procedures, please contact

Ofer Amit  
Managing Member and CEO  
RehabXperience, LLC DBA PhysicalOne  
350 NW 70 Ave., Suite A  
Plantation, 33317