



**Roper Physical Therapy & Myofascial Release**

## **NOTICE OF PRIVACY PRACTICES**

### **Roper Physical Therapy & Myofascial Release**

301 E. Tremont Avenue, Suite B  
Charlotte NC 28205  
980-298-6706

#### **Physical Therapists:**

Ashley Friend, PT, DPT Ana  
Karim, PT, PYT-C  
Christine K. Roper, MSPT, PYT  
Lynne Ray, PT, CSCS, PYT  
Peggy Scannell, PT  
Shannon Mullaly, PT, MPT, CIMT, CSCS  
Cay Moore, PT, PYT-C

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

#### **Our Pledge regarding health information:**

We understand that information about you and your health is personal. We are committed to protecting your health information. We have created a record of your physical therapy and medical notes. We need this record to comply with certain legal requirements. This notice will apply to all of the records of your care generated by your physical therapist. This notice will tell about the ways we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

#### **How we may use and disclose your health information:**

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. However, all of the ways we are permitted to use and disclose information will fall within one of the categories:

#### **For Treatment:**

We may use your health information to provide you with medical treatment or services. We may disclose your health information to other physical therapists in this practice if they are involved in taking care of you. We may also disclose your health information to people outside of this practice to provide services that are necessary for your physical therapy care.

Unemancipated Minors- Treatment for pregnancy, drug and alcohol abuse, emotional disturbance:

If you are under the age of 16 and are not married and have not been emancipated by the court of law, we will not reveal any information about any treatment you receive for pregnancy drug and/or abuse, emotional disturbances except in the following circumstances:

1. Your doctor determines that this information needs to be shared with your parents because there is a serious threat to your health or life.
2. If your parent or guardian contacts your doctor and specifically asks about your treatment for one of the conditions listed above.

For Payment:

We may use your health information so that our treatment and services provided by us may be used to facilitate an insurance claim that you initiated.

Appointment Reminders:

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment.

Business Associates:

There are some services provided in our organization through contacts with business associates to protect your health information, however, we require the business associate to appropriately safeguard your health information.

Health-related communications:

We may contact you regarding physical therapy appointments or other health related benefits and services that may be of interest to you.

Law enforcement:

We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

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### **Public Health Risks**

We may disclose information for public health activities. These activities could include:

- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect, or domestic violence.
- To notify people of recalls on products they may be using.
- To notify a person who has been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We will only make this disclosure if you agree or when required or authorized by law.

### **Health Oversight Activities**

We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system.

### **Lawsuits and Disputes**

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

### **Workman's Compensation:**

We may release your health information for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

You have the following rights regarding the health information we obtain about you:

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy health information you must submit your request in writing to:

Roper Physical Therapy  
301 E. Tremont Ave, Suite B  
Charlotte NC 28203

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### **Right to Request an Amendment:**

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our practices. To request an amendment you must submit your request in writing to your treating physical therapist. We may deny your request if it is not placed in writing.

### **Right to Request an Accounting of Disclosures:**

You have a right to receive an accounting of the disclosures we made about your health information and treatment. To request an accounting of disclosures you must submit your request in writing to your treating physical therapist. We may deny your request if it is not placed in writing.

### **Right to Request Confidential Communication:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communication you must submit your request in writing to your treating physical therapist. We may deny your request if it is not placed in writing.

***For more information or to report a problem please contact one of the therapists listed at the above address on this page.***