



Notice of Privacy Practices

Effective Date: 01-31-25

During your treatment at **Dry Creek Physical Therapy & Wellness** (hereafter referred to as DCPT), staff members may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by DCPT.

DCPT is committed to protecting patient privacy. We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Provide you with this Notice of Privacy Practices outlining our legal duties and privacy practices.
- Follow the terms of the notice that is currently in effect.
- Notify you promptly in the event of a breach of any unsecured protected health information about you.

I. Permissible Disclosures Without Written Authorization

We may use or disclose your health information for the following purposes **without obtaining written consent from you**:

1. **Payment:** To obtain payment for services provided to you, such as sharing information with your insurance carrier for claims processing.
2. **Treatment:** To coordinate care or treatment with another health care provider, provide appointment reminders, or inform you about treatment alternatives or health-related benefits.
3. **Health Care Operations:** For operational purposes such as quality assurance, audits, staff training, and overall improvement of our services.
4. **Reminders and Coordination:** To remind you of appointments or provide information about new or alternative treatments or care coordination services.
5. **As Required by Law:** To comply with federal, state, or local laws, such as responding to legal subpoenas or investigations.
6. **Business Associates:** To share information with our business associates who perform certain tasks (e.g., billing, auditing). All business associates are required to maintain confidentiality and safeguard your information under a signed Business Associate Agreement (BAA).
7. **Public Health and Safety:** To report public health activities, protect against serious threats to health or safety, and respond to regulatory authorities.

II. When We Will Obtain Additional Written Consent

Certain uses and disclosures require your explicit consent, including:

1. **Marketing:** Your written authorization is required before using your health information to send marketing materials. You may opt out of marketing communications at any time.
2. **Photos/Video:** Your verbal or written consent is required for using photos or video footage of you for educational or promotional purposes.
3. **Highly Confidential Information:** For health information related to sensitive areas such as mental health, HIV/AIDS status, genetic information, and substance use, additional federal and state-level protections may apply. DCPT will obtain appropriate authorization as needed.

III. Your Rights Regarding Your Health Information

You have the following rights under HIPAA:



1. **Access to Medical Records:** You have the right to view and receive a copy of your medical and billing records in either paper or electronic format. Record requests are typically fulfilled within 30 days, and reasonable fees for copying or administrative processing may apply.
2. **Correction or Amendment:** You may request that incorrect or incomplete information in your records be corrected. While we will consider your request, we may deny it if the information is already accurate or legally protected.
3. **Restrict Disclosure:** You may request limitations on the use or disclosure of your information to your health plan, especially if you have paid for a service in full and out of pocket. Requests must be submitted in writing to DCPT's Privacy Officer.
4. **Confidential Communication:** You can request that we communicate with you through specific methods (e.g., mail instead of phone) or at specific locations.
5. **Accounting of Disclosures:** You can request a detailed list of the disclosures we've made of your health information (excluding treatment, payment, or operations) for the past seven years.
6. **Notification of Breach:** You have the right to be notified if there is a breach of your PHI, including a description of the breach, what information was involved, and steps you should take to protect yourself.
7. **Opt-Out of Email Communication:** DCPT uses a secure platform (Microsoft Outlook) for some communications. However, emails may not be encrypted during transmission. If you wish to avoid email correspondence through Microsoft, please contact our office (see email details below).
8. **Paper Copy of this Notice:** You may request a printed copy of this notice at any time. A digital version is available at www.drycreekpt.com/forms.

IV. Communication Practices and Risks

DCPT uses HIPAA-compliant platforms, including:

- **Prompt EMR** for medical records.
- **Podium Corp** for phone and text messaging.
- **Microsoft Outlook (HIPAA-compliant version)** for email correspondence.

While these platforms employ encryption for secure storage and transmission, emails sent directly from Outlook are not encrypted during transmission. As a result, risks such as interception or unauthorized access exist. By continuing email communication with DCPT, you acknowledge and accept these risks. If you prefer to opt out, contact a member of our staff. Please note, that requests for medical records may be directed through our medical records staff using encryption protocols.

V. Changes to This Notice

DCPT reserves the right to revise this notice at any time and will provide the updated version upon request. A copy will also be posted on our website. Any changes will apply to all information we maintain, including past records.

VI. Questions or Complaints

If you believe your privacy rights have been violated or have concerns about our practices, you may contact:

HIPAA Privacy Officer: Dan Fisher

Email: dfisher@drycreekpt.com

You may also file a complaint with the **Secretary of Health and Human Services**. Filing a complaint will not affect your care, and retaliation is strictly prohibited.