

A resource for physicians & patients

## Notice of Privacy Practices

### Effective Date (3/16/15) Updated (01/01/22)

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA). It describes how information about you may be used & disclosed by Lymphedema Therapy Source. It also describes your rights to access &/or refuse the release of specific information except when the release is required or authorized by law or regulation.

### Acknowledgement of Receipt of this Notice

You will be asked to provide a signed acknowledgement of receipt of this notice. This intent is to make you aware of the possible uses & disclosures of your protected health information & your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment.

### Who Will Follow this Notice

This notice applies to all therapy services provided by Lymphedema Therapy Source, PLLC. It also applies to office personnel & billing personnel.

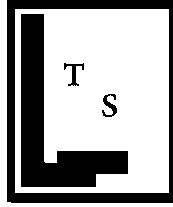
### Our Responsibility Regarding Protected Health Information

Your protected health information is individually identifiable health information. This includes demographics such as age, address, email address & relates to your past, present or future physical or mental health or condition & related health care services. We are required by law to do the following:

- Make sure that your protected health information is kept private
- Give you this notice of our legal duties & privacy practices related to the use & disclosures of your protected health information
- Follow the terms of the notice currently in effect

We reserve the right to change this notice. Its effective date is at the top of the first page & at the bottom of the last page. 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 received in the future. You may obtain a Notice of Privacy Practices by contacting us using the information at the top of this page.

Rebecca Summers, OT, CLT-LANA, CSR  
Licensed Occupational Therapist  
Certified Lymphedema Therapist  
Lymphology Association of North America-certified



Lymphedema Therapy Source, PLLC  
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### Our System

Lymphedema Therapy Source, PLLC works with several agencies & referral sources. Your health information will be shared in the following manner:

1. Treatment - We will use & disclose your protected health information to provide, coordinate, or manage your health care & any related services. This includes disclosure to your physician or other health care providers who become involved in your care (including but not limited to contracted or employed staff, students & in a case of emergency if you are unable to express yourself).
2. Within our office for administrative activities, quality assessment, oversight & peer review.
3. With our billing personnel & as necessary to obtain payment for your health care services.
4. With your insurance company or other payers as required for payment.
5. With the referring agency & case manager, if applicable.
6. With any other provider or agency with your written request. You may request written or verbal information sharing in writing. Your request should include a specified period of time for information sharing.

### Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure. We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

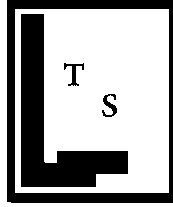
### Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, & inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, & civil rights laws.

### Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is

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expressly authorized), & in certain conditions in response to a subpoena, discovery request, or other lawful process.

### Other instances:

Public health & safety (such as to avert a serious threat involving a health hazard).

When required by the Food & Drug Administration (such as to report adverse events or product defects).

Criminal matters (such as to prevent a serious threat to the health or safety of a person or when requested by law enforcement).

When deemed necessary by appropriate military authorities (if you are in the Armed Forces).

Your employer under limited circumstances related primarily to work injury or illness.

### Uses & Disclosures of Protected Health Information Requiring Your Permission:

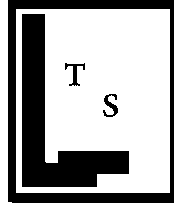
In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Since this service may be provided in our office or your home or other natural environments, those present during the session, including friends, family, or others may hear health information. Please notify your therapist if you do not want your protected health information to be discussed.

### Your Rights Regarding Your Health Information

You may exercise the following rights by submitting a written request to the Lymphedema Therapy Source, PLLC office.

1. You may inspect & obtain a copy of your protected health information that is kept as a part of medical & billing records.
2. You may ask us not to use or disclose any part of your health information for treatment, payment or health care operations. Your request must be made in writing. This request will be honored if we mutually agree that the restriction will not harm you.

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3. You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.
4. If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we are responsible for & maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.
5. You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. This disclosure must have been made after April 21, 2010, & no more than six years from the date of request. This right excludes disclosures made to you or authorized by you, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restriction & limitation as described earlier in this notice.

### Federal Privacy Laws

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act & the Privacy Act. These laws have been taken into consideration in developing policies & this notice of how we will use & disclose your protected information.

### Complaints

If you believe these privacy rights have been violated, you may file a written complaint with us or with the Department of Health & Human Services. No retaliation will occur against you for filing a complaint.

This notice is effective in its entirety as of **3/16/15 (updated 01/01/22)**.