

**NOTICE OF PRIVACY PRACTICES
OF MCCARTHY'S INTERACTIVE PHYSICAL THERAPY**

Kevin McCarthy, Privacy Officer: (415) 665-4953

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your "Protected Health Information" (PHI). We make a record of the care that we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this physical therapy practice properly. We are required by law to maintain the privacy of your PHI and to provide individuals with notice of our legal duties and privacy practices with respect to your PHI. This Notice describes how we may use and disclose your PHI. It also describes your rights and our legal obligations with respect to your PHI.

I. We Are Legally Required To Safeguard Your PHI.

We are required by law to maintain the privacy of your PHI, provide you with this Notice, and comply with this Notice.

II. Future Changes To Our Practices And This Notice.

We reserve the right to amend our privacy practices at any time. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made the revised Notice shall apply to all PHI that we maintain, regardless of when it was created or received. You may obtain a copy of any revised Notice by contacting us at 415-665-4953. We will also post the current Notice on our website.

III. How We May Use And Disclose Your PHI.

The law requires us to obtain your prior authorization for some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your authorization. This Section III gives examples of each of these circumstances.

This physical therapy practice collects health information about you and stores it in a chart and on a computer. This is your Physical Therapy Record (PTR). This PTR is the property of this physical therapy practice, but the information in the PTR belongs to you. The law permits us to use or disclose your health information for the following purposes:

A. Uses And Disclosures That Do Not Require Your Authorization.

Treatment. We may use or disclose your PHI to provide treatment to you or in order for others to provide treatment to you. For example, we may disclose your PHI to physicians, nurses, case managers, social workers, and other health care personnel who are involved in your care.

Payment. We may use or disclose your PHI to your insurance carrier in order to get paid for services provided to you. For example, we may use your PHI to create the bills that we submit to the insurance company. We may also disclose your PHI to another healthcare provider or insurance company for their payment-related activities, such as to get paid for services provided to you or to process claims under your health insurance plan.

Health Care Operations. We may use and disclose your PHI to operate this physical therapy practice. For example, we may use and disclose this information to review and improve the quality of care we provide. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs, and business planning and management. We may also share your PHI with our "business associates", such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your PHI. Although federal law does not protect health information which is disclosed to someone other than another health care provider, health plan or health care clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also disclose your PHI to another health care provider, health insurance plan or health care clearinghouse that has or has had a relationship with you for purposes of their operations related to health care, and if the PHI they request pertains to that relationship. In addition we may disclose your PHI to these third parties for limited purposes only, such as for them to conduct quality improvement activities, to review the performance of a health care provider or to train their staff, or to improve their health care fraud and abuse detection and compliance efforts. We may also provide your PHI to our attorneys, accountants, and other consultants to make sure that we are complying with the laws that affect us. There are stricter requirements for use and disclosure for some types of PHI, for example, drug and alcohol abuse patient information. However, there are still limited circumstances in which these types of information may be used or disclosed without your authorization.

Appointment Reminders. We may use and disclose PHI to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Notification and Communication with Family and Others. We may disclose your PHI to notify or assist in notifying a family member, your personal representative or another person responsible for your care, about your location, your general condition, or in the event of your death. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Marketing. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with small gifts. We may also encourage you to purchase a product or service when we see you.

Research. We may disclose your PHI to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board in compliance with governing law.

Required by Law. As required by law, we will use and disclose your PHI, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

Public Safety. We may, and are sometimes required by law to do so, disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Public Health. We may, and are sometimes required by law to do so, disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food & Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected child, elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly, unless in our best professional judgment we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health Oversight Activities. We may, and are sometimes required by law to do so, disclose your PHI to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

Judicial and Administrative Proceedings. We may, and are sometimes required by law to do so, disclose your PHI in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Law Enforcement. We may, and are sometimes required by law to do so, disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, or complying with a court order, warrant, grand jury subpoena or other law enforcement purposes.

Coroners/Medical Examiners. We may, and are sometimes required by law to do so, disclose your PHI to coroners/medical examiners in connection with their investigations of deaths.

Specialized Government Functions. We may disclose your PHI for military or national security purposes or correctional institutions or law enforcement officers that have you in their lawful custody.

Workers' Compensation. We may disclose your PHI as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Change of Ownership. In the event that this physical therapy practice is sold or merged with another organization, your health information/PTR will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physical therapy practice.

B. When This Physical Therapy Practice May Not Use Or Disclose Your PHI.

Except as described in this Notice, this practice will not use or disclose PHI which identifies you without your written authorization. If you do authorize this practice to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

IV. Your Rights Related To Your PHI.

Right To Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your PHI by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

Right To Request Confidential Communications. You have the right to request that you receive your PHI in a specific way or at a specific location. For example, you may ask that we send information to a particular address or contact you at a specific phone number. We will comply with all reasonable requests submitted in writing (as long as it would not be disruptive to our operations to do so) which specify how or where you wish to receive these communications.

Right To Inspect And Copy. You have the right to look at and copy your PHI with limited exceptions. To access your PHI, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee as allowed by California law. We may deny your request under limited circumstances.

Right To Amend Or Supplement. You have the right to request that we amend any part of your PHI that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your PHI, and will provide you with information about this practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

Right To An Accounting of Disclosures. You have the right to receive an accounting of disclosures of your PHI made by this practice but this list will not include certain disclosures such as those we have made for treatment, payment, and health care operations purposes, those that are a by-product of another use or disclosure permitted under our privacy policies or by law, those made under an authorization provided by you, or those made directly to you or your family or friends. Neither will the list include disclosures we have made for specialized government functions or for disaster relief purposes. Neither will the list include disclosures we have made prior to April 14, 2004. Your request for a list of disclosures must be made in writing. The list we provide will include disclosures made within the last 6 years (except not for those made prior to April 14, 2004) unless you specify a shorter period. The first list you request within a 12 month period will be free. You will be charged our costs for providing any additional lists within the 12 month period.

Right To A Paper Copy Of This Notice. You have a right to receive a paper copy of this Notice, in addition to any other copy you may already have.

If you have questions about our privacy practices or would like to exercise one or more of these rights, contact our Privacy Officer at the number listed at the top of this Notice.

V. Complaints.

Complaints about this Notice or how this practice handles your PHI should be directed in writing to our Privacy Officer at: 927 Vicente Street, San Francisco, CA 94116. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal written complaint to: Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg, 200 Independence Avenue SW, Room 509F HHH Bldg, Washington, DC 20201. You will not be penalized for filing a complaint.

Effective Date: April 14, 2004