

# Focus Therapy Services, Inc.

P.O. Box 12192, New Bern, NC 28561  
Main Office: 252-672-8676, Bayboro Office: 252-745-5500  
Fax: 252-672-8677, www.focustherapy.org

## Privacy Policy

**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.**

**Our pledge to you:** Focus Therapy Services, Inc. understands that your medical information is personal to you, and we are committed to protecting your medical information. As our patient, we create paper and electronic medical records about your health, our care for you, and the services/ items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

**We are required by law to:**

- Make sure that your protected health information is kept private.
- Provide you with a notice of our Privacy Practices and your legal rights with respect to your protected health information
- Follow the condition of the notice that is currently in effect

Focus Therapy Services, Inc. provides this notice to comply with the privacy regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

**Changes to this Notice** We may change our privacy policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in prominent locations such as registration sites, waiting rooms, or exam rooms. You can receive a copy of the current notice at any time upon request. The effective date is listed at the bottom of this notice.

**How we may use and disclose medical information about you**

- We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicaid); and **to support our health care operations** (such as comparing patient data to improve treatment methods, or using information to provide you mission services).
- We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, and emergencies**. We also disclose medical information **when required by law**
- We may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, and health-related benefits or services** that may be of interest to you.

**Incidental Uses and Disclosures** we may occasionally inadvertently use or disclose your medical information when such use or disclosure leads to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses, therapists, counselors or other personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid such situations, as much as possible.

**Disclosures of Mental Health Records** If your records contain information regarding your mental health, we are restricted in the ways that we can use and disclose them. We can disclose such records without written permission only in the following situations:

- If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
- Disclosures to our employees in certain circumstances;

Effective Date: 2/2/13

- For payment purposes;
- For data collection, research, and monitoring managed care providers if the disclosure is made to the division of mental health;
- For law enforcement purposes or to avert a serious threat to the health and safety of our or others;
- To a coroner or medical examiner;
- To satisfy reporting requirements;
- To satisfy release of information requirements that are required by law;
- To another provider in an emergency;
- For legitimate business purposes;
- Under a court order

**Other uses of medical information** In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

### **Your rights regarding medical information about you**

- In most cases, **you have the right to inspect and copy medical information** that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we amend the records**, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision, by us not to amend a record.
- If this notice was sent to you electronically, **you have the right to a paper copy of this copy.**
- **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you. We will make a good faith effort to honor your request **but we are not legally required to do so if the request is unreasonable or infeasible.** We will inform you of our decision on your request.
- **You may request, in writing, that we not use or disclose medical information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request **but we are not legally required to accept it.** We will inform you of our decision on your request.

**Who abides by this notice** This notice applies to more than one covered entity. The covered entities or class of entities to which this notice applies are:

- Any healthcare professional authorized to enter information into or consult your medical record (including physicians, counselors, occupational or speech therapists, etc.)
- All departments, units, employees, medical staff and contracted healthcare workers of Focus Therapy Services, Inc.
- Any member or a volunteer group we allow to help you
- Our business associates (transcription, billing, facilities to which we refer patients, or on-call physicians)

**Complaints** If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our main office (listed below). You may send a written complaint to the US Department of Health and Human Services Office of Civil Rights. Our office manager will provide you the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

### **Main Office**

Focus Therapy Services, Inc.  
 3310 Neuse Blvd, Suite A  
 New Bern, NC 28560  
 Phone: 252-672-8676  
 Fax: 252-672-8677