

**NOTICE OF PRIVACY POLICIES
FOR
CLEAR PASSAGE THERAPIES, INC.**

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

Introduction

At Clear Passage Therapies, Inc., we are committed to using and disclosing protected health information about you responsibly. Protected health information is individually identifiable health information, including demographics, for example, age, address, e-mail address, and information which relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Health Information Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how and when we use or disclose your protected health information. It also describes your rights as they relate to your protected health information. This Notice is effective 04/14/03, and applies to all protected health information as defined by federal regulations.

Acknowledgment

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

Understanding Your Health Information

Each time you visit Clear Passage Therapies, Inc., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Clear Passage Therapies, Inc., the information belongs to you. You may exercise the following rights by submitting a written request to the Privacy Officer. Please be aware that the Privacy Officer may deny your request in whole or in part; however you may seek a review of the denial. You have the right to:

- **Obtain a paper copy of this notice** of information practices upon request. Copies of this notice are available to you and your designated representatives upon request.
- **Inspect and copy your health record**- You may inspect and obtain a copy of your protected health information contained in a "designated record set" for as long as we maintain the protected health information.
- **Amend your health record**- If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information in writing as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to and perform the amendment
- **Obtain an accounting of disclosures** of your health information. 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 Policies. The disclosure must have been made after April 14, 2003, and no more that 6 years from the date of request. This excludes disclosures made to you, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions and limitations as described earlier in this notice.
- **Request confidential communications**- You may request confidential communications of your health information 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.
- **Request a restriction** on certain uses and disclosures of your information. You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing to the Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example disclosures to your spouse; and (4) expiration date. If the Privacy Officer believes that the restriction is not in the best interest of either party, or that it cannot reasonably accommodate the request, the Privacy Officer is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment.
- **Revoke your authorization** to use or disclose health information except to the extent that action has already been taken. You may revoke a previously agreed upon restriction, at any time, in writing.

Clear Passage Therapies Responsibilities

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice currently in effect.
- Notify you of any changes in this notice.
- Respond to you in writing by approving or denying in whole or in part any written requests.
- Accommodate reasonable requests you may have regarding the use or disclosure of your protected health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you. You may obtain a current Notice of Privacy Policies online at www.Clearpassage.com or by requesting a copy be mailed to you or asking for a copy at your next visit.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Disclosure for Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

For example: Members of your health care team will record observations and therapy provided and provide copies of these findings and therapies to the referring physician. In that way, the physician will know what treatment is being provided and how you are responding. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

Disclosure for Payment

Your protected health information will be used, as needed to obtain payment for your health care services. *For example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures provided you.

Disclosure for Health Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training and licensing students, communications about a product or service, and conduction or arranging for other health care related activities. *For example:* Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. We may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, the business associate is contracted to appropriately safeguard your information. *For example:* Physician medical director, research, billing, or transcription services.

Notification: We may call you to confirm scheduled appointments or by name in the waiting room to advise you that the therapist is ready to see you.

Communication with family: Health professionals, using their best judgment in compliance with state and federal laws, may disclose to a family member, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers to assist in gathering, organizing and recording significant medical history in order to track results.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Brenda Sims at 352-336-1433 or toll-free at 866-222-9437. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the Clear Passage Therapies, Inc. Privacy Officer as well as the address for OCR is listed below:

Clear Passage Therapies, Inc.
Attn: Brenda Sims, Privacy Officer
4421NW 39th Avenue, Suite 2-2
Gainesville, FL 32606

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201